

12:8.

THE

TORONTO, AUGUST, 1940

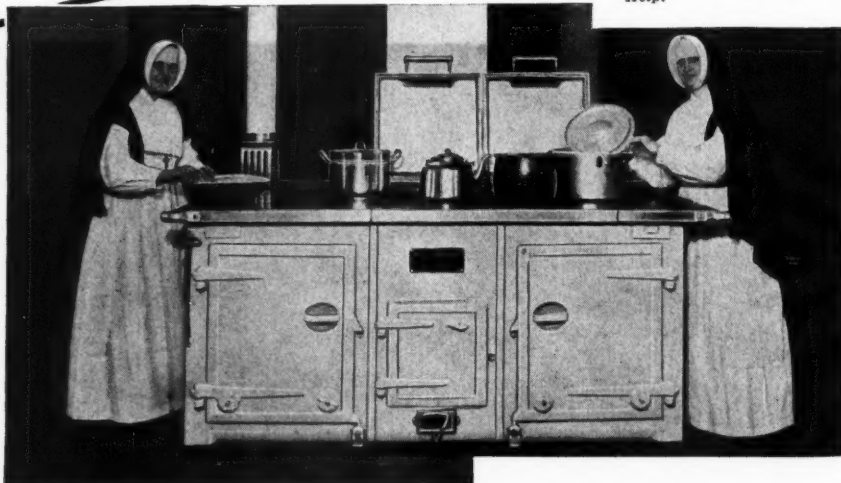
CANADIAN HOSPITAL

• OFFICIAL JOURNAL • CANADIAN HOSPITAL COUNCIL •

*If you cater for
approximately 100 People . . .*

*. . . you
need this*
ESSE

An ESSE Major 580, as installed at the "Maison du Fargy" at Beauport, Que., for the Congregation of the Sisters of our Lady of Perpetual Help.



MAJOR 580 Heat Storage Cooking Range

The ESSE Major Model 580 gives you the same up-to-date advantages that other ESSE ranges provide for all establishments from small residences to very large institutions.

FINER COOKING, particularly of roasted and baked dishes, is immediately noticed. The ESSE enables flavours and nutritive elements to be fully retained.

GREATER CONVENIENCE results from 24-hour-a-day, continuous operation — with minimum attention — which all ESSE units provide. There is instant response to sudden heavy demands; the kitchen is cooler, fresher, more hygienic, and free from fire hazard.

LOWER FUEL BILLS are assured owing to the extremely economical ESSE principle, which extracts the last ounce of heat from every piece of coal used.

May we analyze your catering requirements and render a quotation, without obligation, on a suitable ESSE unit?

ESSE Steam Heated and Wet Steam Cooking Equipment

For full details of steam heated hot closets and carving tables, steam-jacketed boiling pans, wet steam ovens and steam heated water boilers — write, 'phone or call in person at nearest ESSE showrooms.

1215 Bay Street
TORONTO
RAndolph 8720



1028 Sherbrooke St. W.,
MONTREAL
HArbour 0638

*Distributors for Smith & Wellstood, Limited, Bonnybridge, Scotland.
(Sole Manufacturers of ESSE heat storage cooking ranges.)
Established 1854*

Harvey Agnew, M.D.,
Editor



CANADIAN HOSPITAL

Toronto, August, 1940

Vol. 17

No. 8

Hospitals Protest Inclusion under Unemployment Insurance Act 1940

C. H. C. Seeks Exemption for Hospital Staffs

UNLESS the Unemployment Insurance Act 1940 is revised by the Senate before it becomes effective, the public hospitals of Canada and their staffs will find it necessary to pay out over half a million dollars a year for an insurance plan from which hospital employees have little prospect of receiving benefit. Unemployment among hospital employees is almost negligible, due to the fact that hospitals find it necessary to keep their staffs practically constant the year round. As most hospital employees are retained for their working life, except for resignation or dismissal for cause, little benefit is likely to accrue to the average employee.

20,000 Employees Affected

The unemployment insurance measure is designated to provide coverage for employees receiving up to \$2,000 per year. Certain classes or groups are exempt. "Professional nurses" and "probationers" are excluded, as are also farmers, fishermen, trappers, domestics, teachers, soldiers, policemen and other groups. It would appear that all hospital employees but nurses would come under this plan—approximately 20,000 people. There is just a possibility that maids may be exempt as "domestics" (p. 33 Part II (f)) and also those interns who receive no cash income (p. 34 (q)), but this will be a matter of interpretation.

To be eligible the employee must have been employed for 180 days during the past two years. Therefore this would not likely cover the occasional snowcleaner, extra painter, or other occasional help employed for a few days at a time. The insurance is not applicable if the insured has been discharged for misconduct or if he voluntarily leaves without just cause.

The cost to both hospitals and employees will be tremendous. One large eastern hospital estimates that the cost to the hospital will be \$10,202 and to its employees

\$9,015 per year. Another in the same city will be assessed approximately \$5,000 and its employees about the same. A large western hospital wires that its costs should run about \$12,000, plus another \$12,000 for the employees. Greater Winnipeg hospital costs will be about \$16,000 plus between \$15,000 and \$16,000 for employees. Altogether our public hospitals, excluding mental and Federal hospitals, will be required to pay about \$270,000 annually and their employees to pay approximately the same amount.

For this expenditure the great majority of hospital employees would derive little, if any, benefit. Accountants, technicians, electricians, firemen, elevator and switchboard operators, maids, orderlies, dietitians, storekeepers, cooks—all are almost certain of permanence barring resignation or dismissal for cause. In times of stringency there may be an occasional employee let out in the kitchen or the laundry, or sometimes a second painter,

STOP PRESS!

As we go to press word is received (1) that the Senate has inserted an amendment exempting from the Act employees of hospitals or charitable institutions where "in the opinion of The Commission, such hospital or charitable institution is not carried on for purposes of gain," and (2) that the House of Commons has accepted this amendment.

but these are very rare; such are seldom on the permanent staff. In some isolation units a few maids may be unemployed between epidemics but the number is small and all are usually absorbed on other services if the isolation unit be in a general hospital.

B.C. only Association desiring Inclusion

Immediately upon the announcement of the measure, the Canadian Hospital Council took steps to obtain the opinion of the hospital field and pass such on to Ottawa. It had already been considering the matter in its executive committee. Replies have been pouring in from all parts of Canada, several associations having the hospitals wire Council headquarters directly. The following associations seek exemption from the Act:

Hospital Association of N.S. and P.E.I.
New Brunswick Hospital Association
Maritime Conference (C.H.A.)
Quebec Conference (C.H.A.)
Montreal Hospital Council
Montreal Conference (C.H.A.)
Ontario Hospital Association
Ontario Catholic Conference
Toronto Hospital Council
Manitoba Hospital Association
Saskatchewan Hospital Association
Prairie Provinces Conference (C.H.A.)
Alberta Hospital Association
British Columbia Catholic Conference

Mr. J. H. McVety, secretary of the British Columbia Hospitals Association, wired, however, that the hospitals in his association were "in favor of retaining hospital employees under Unemployment Insurance Act and including graduate nurses employed in hospitals or other institutions". Other statements received directly from B.C., however, and the B.C. Catholic Conference listed above, indicate opposition to inclusion.

These replies, representing all parts of Canada, indicate an overwhelming majority against inclusion. The reasons given are largely as set forth in the brief presented by the Canadian Hospital Council to the Parliamentary Committee upon receipt of these replies (see below). They confirm, too, the viewpoint expressed by the hospitals in 1935 when the Canadian Hospital Council delegates unanimously opposed the inclusion of hospital personnel in the unemployment measure then under consideration.

* * * * *

Brief

of the Canadian Hospital Council to the Special Parliamentary Committee Studying The Unemployment Insurance Act, 1940

THE Canadian Hospital Council, acting on behalf of the hospitals of Canada, respectfully makes request that the special position of the hospitals and their employees be taken into serious consideration by

The Other Side of the Question

It was revealed in the correspondence that possible advantages of inclusion had not been overlooked. The administrator of one of our largest hospitals called attention to the likely unemployment after the war of certain personnel taken on to replace enlisted men who have been promised their jobs back on their return to civil life. This must not be overlooked. However, others, commenting on this point, are of the opinion that this will not likely be a serious problem, because of the normal expansion of hospitals and the likelihood that many enlisted employees will not desire their former work again or will not be able to handle the same positions. It has been pointed out, also, that a hospital facing such a situation could provide for this contingency at far less cost than would be the cost of participating in this insurance measure.

Another point raised was that hospitals, if not included in the Act, might have difficulty in obtaining future employees. This point, too, has been commented upon by various administrators. Were this measure providing pensions or other form of long service award or old age security, this possibility would be a serious one, for employees rightly desire some assurance of future protection. Here, however, the insurance is simply against *unemployment*. Employees would not likely be interested when they know that employment is stable. Moreover, they would appreciate not having to contribute for other, often more highly paid, groups.

The Parliamentary Committee

On Tuesday, July 23rd, representatives of the Canadian Hospital Council presented the views of the public hospitals to the Parliamentary Committee studying the measure. The delegation, introduced by Dr. C. J. Veniot, M.P., of Bathurst, N.B., was made up of R. F. Armstrong, Kingston, Rev. Sister Robert, Montreal, Dr. J. A. Dobbie, Ottawa and the Secretary-Treasurer. A sympathetic though hurried hearing was given the Council and a number of intelligent questions were asked by the Committee. Practically no changes were made by the Committee, however, in its report to the House and the measure passed the House of Commons on July 29th.

The measure now goes to the Senate. Hospital associations and individual hospitals may still have an opportunity to bring their peculiar position to the serious attention of the members of the Upper House. *But action must be prompt.*

cil wishes to express its appreciation of the general value of this progressive enactment. Hospital workers have an unusual opportunity to see the baneful effect of poverty and anxiety resulting from unemployment on the health and happiness of the people. It is because of the concern of the hospitals for the welfare of the sick and for that of their employees that the hospitals are now making request that hospital personnel be not included under the provisions of the proposed enactment. The following reasons are presented:

1. Unemployment is negligible in the hospital field.

Hospitals must always be prepared for any emergency or epidemic and, therefore, must keep their personnel practically constant, whether their occupancy be low or high. Although there is fair daily fluctuation in patients, there is very little seasonal fluctuation. There are no idle periods at all, except at times on the isolation ward. Furthermore, a large proportion of the hospital personnel are highly specialized experts, such as obstetrical and operating room supervisors, laboratory and x-ray technicians, dietitians and others; these individuals cannot be replaced on short notice and are, therefore, assured of permanent employment. As over 60 per cent of our hospitals are under 50 beds capacity, it is obvious that such small hospitals cannot make much, if any, seasonal variation in their roster of employees, a roster which usually includes one technician, dietitian, cook, bookkeeper, stenographer, engineer, groundsman, etc.

The only groups subject to intermittent employment are (1) the occasionally employed extra "general duty" nurses who are sometimes engaged for a few days or weeks during periods of peak loads, but who do not come under the provisions of the Act anyway, and, (2) scattered across Canada, a few maids who may be affected by the intermittent patronage of isolation units; these, however, are exceedingly few in number and are usually absorbed on other services. Other employees such as office workers, laundry workers, cleaners, technicians, seamstresses, orderlies, general maids, elevator and switchboard operators, are practically certain of permanent employment except for cause or resignation.

2. The cost to the hospital employees and to the hospitals for an insurance plan, from which the employees would have little likelihood of ever deriving any benefit, would be a heavy financial burden.

The total personnel of the public hospitals of Canada (D.B. of S., 1940; 1938 figures) is 36,823. This is made up as follows:

Salaried Doctors	585
Interns	782
Graduate Nurses	7,205
Student Nurses and Probationers ..	9,448
Graduate and Student Dietitians ..	389
Others	18,414
TOTAL	36,823

Of this number it is estimated that close to 20,000 employees, allowing for expansion in the interval, would come under the provisions of this Act. Private, mental and Dominion hospitals are not included in these figures.

In the time available it has not been possible to obtain

accurate estimates of the likely cost, but preliminary estimates, based upon the calculations of a number of hospitals and taking 26 cents as an average weekly rate, indicate a contribution by the public hospitals for unemployment insurance of approximately \$270,000. The contributions by the hospital employees would probably exceed this figure. Therefore, the total annual contribution by the hospital field would probably be well over one half million dollars.

3. Public hospitals are charitable non-profit institutions and should not be required to use their limited funds to bolster a fund from which their employees can draw little, if any, benefit.

Our public hospitals are non-profit institutions, the great majority being operated by charitable organizations. No dividends are ever declared. Hospitals are exceedingly hard pressed financially particularly at the present time, because of the rising cost of providing up to date scientific care and the increasing demands upon their charitable services. As there is seldom any surplus and as operating reserves are unknown, the increased cost of operation arising from unemployment insurance premiums would have to be passed on to those among the patients who are endeavouring to pay their way or else be raised by reducing the services to indigent patients. Why should struggling non-profit charitable and benevolent institutions and their patients be required to pay for unemployment in commercial and industrial fields?

4. This additional tax upon the wages of the hospital employees would be an unfair burden.

Hospital employees are none too well paid as a group; they have never drawn the wages and salaries paid in many other fields. As they have little prospect of drawing benefits from this fund, this extra tax, coming as it would on top of the special defence tax, would be a severe burden indeed.

5. Canadian Hospital Council requested exclusion in 1935.

On a previous occasion, the hospitals gave serious study to the question of their inclusion in the proposed unemployment enactment of 1935. After careful consideration it was unanimously agreed at a general session of the Canadian Hospital Council that exclusion of the hospitals be requested. A copy of the resolution then passed is appended.

6. Hospitals strongly favour exclusion from the provisions of this act.

Immediately upon the announcement of the Bill, the Canadian Hospital Council undertook to obtain the views of the hospital field. Most of the provincial and other hospital associations have already made reply. Every association making pronouncement to date has requested exclusion.* Many individual hospital boards have met and formally voted for exclusion. Of all the hospitals covered by the replies received, only three individual hospitals are known to have expressed variance with this general opinion. A high percentage of the replies received were quite emphatic in their desire for exclusion.

* In presenting this brief to the Parliamentary Committee it was stated that this did not include the B.C.H.A., whose reply had been received subsequent to printing of the brief.

Record Attendance at N. S. & P. E. I. Meeting



Rev. Sister Ignatius, President, (right) and Miss Anne Slattery, Secretary.

Many Vital Topics Discussed at Bridgewater Convention

ONE of the most successful of the annual conventions of the Hospital Association of Nova Scotia and Prince Edward Island was that held June 27th and 28th at Bridgewater. Not only was the convention hall completely filled at all sessions but on several occasions a number of the delegates could not get into the hall at all.

The keynote of the convention was struck by the President, Rev. Sister Ignatius of Glace Bay when she stated, "It is for us now to prepare for trying days ahead, to unite and solidify our efforts, so that the best may be ours to give at all times".

To Consider Province-wide Hospital Service Plan

Sister Marie Michael of the Extension Department of St. Francis Xavier University gave an excellent paper on "The Need for Group Hospitalization". With an obvious need for making modern medical care more freely available to the people, it will be necessary, if we are to avoid the bureaucracy of a state controlled system, to develop the alternative solution of a co-operative system operated and controlled by the people themselves. Mr. H. G. Wright urged the consideration of a province-wide plan to amalgamate and extend the present highly successful individual plans. This was later developed into a decision to appoint a Committee, Mr. McIntyre, Rev. J. R. MacDonald and Rev. H. G. Wright, to consider the feasibility of the proposal, to conduct province-wide publicity and education on the subject of hospital service plans and to consider

the possibility of appointing a paid director next year for this work.

Compensation Cases

The confusing situation caused by the fact that in many of the mining areas the patients do not come under the W.C.B., but under an arrangement with the U.M.W. and the operators, was thoroughly reviewed in a general discussion in which Rev. A. J. MacIsaac of Inverness, Mr. P. J. Muise of the U.M.W., Mr. Wright, Rev. M. J. MacKinnon and Mr. Alex Gillis of Glace Bay and others took part. It was finally agreed that a committee, Rev. Fr. J. R. MacDonald, Antigonish, B. H. Betmore and Rev. Fr. A. J. MacIsaac, Inverness, should confer on these points with the government, the U.M.W. and other bodies concerned.

To Adopt C.H.C. Accounting Forms

Dr. P. S. Campbell, Provincial Department of Health, reviewed the ac-

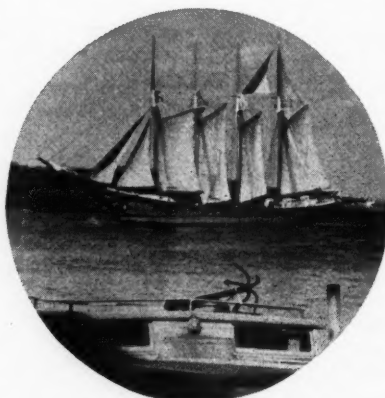
counting forms developed by the Canadian Hospital Council. The movement of population figures are now in use but not the financial forms. It was unanimously agreed to use the C.H.C. forms in toto, commencing with the next fiscal year.

The work of the Canadian Hospital Council was reviewed by its Vice-President, Mr. Wright, and by Dr. Agnew. In appreciation of the work done on behalf of the hospitals, the Association increased its annual contribution by \$50.00. At the evening session Dr. Agnew gave an address on "The Hospital Administrator of To-day" and then led a Round Table on various administrative problems.

An outstanding address was that by Rev. J. R. MacDonald, President of St. Martha's Hospital, Antigonish, on "The Duties of a Hospital Trustee". This was followed by a Round Table on trustee topics led by Angus J. MacDonald, President of the Glace Bay General Hospital, Mr. Alex Gillis, President of the Harbour View Hospital at Sydney Mines and Father MacDonald. Mr. G. E. Romkey, M. L.A., and Mayor H. M. Sweeney also gave brief addresses. By way of entertainment the Board of Trade provided a refreshing drive to points of scenic interest along this intriguing coast and the Women's Institute provided a luncheon on the second day.

Ladies' Auxiliaries

Mrs. James Purvis of Halifax presided over a well attended and representative group of auxiliary delegates. Some very inspiring reports were received. The formation of a
(Continued on page 40)



An everyday sight in La Have River.



Mrs. James Purvis, who presided at the Women's Auxiliaries Session; Sister Anne Seton, Halifax Infirmary; the Hon. L. D. Currie, Minister of Mines and Labour; Mr. Newton G. Munro, M.L.A., Stellarton.



Upper. Dr. P. S. Campbell, Chief Health Officer, Provincial Department of Health, who spoke on uniform accounting methods and on evacuees. Miss Clara Caie of Yarmouth (insert), who demanded "What are we waiting for?" and carried the meeting when Dr. Campbell expressed the hope that the new forms would be adopted by the hospitals. Miss Viva Bengtson of Wolfville who is telling Miss Elsie Yetman of Bridgewater, the official "hostess", about the wonderful Smorgosbord at the famous Swedish Inn at Chester which she operates as a hobby. Lower. Rev. H. G. Wright, Canadian Hospital Council representative, tells a tall fishing yarn to "Angus J." MacDonald of Glace Bay, former association president, who finds it a hard one to believe. Miss Bengtson, Miss Susan McQueen of Pictou and Miss Helen Hivey of Annapolis.

Health Insurance and Public Health Studied by Royal Commission

Recommendations of the Royal Commission on Dominion-Provincial Relations

THE voluminous and exceedingly valuable report—the so-called Sirois Report—of the Royal Commission on Dominion-Provincial Relations contains an interesting chapter on the social services, under which are considered among other subjects, welfare work, public health, unemployment insurance and health insurance. Under these headings much thought is given to the relationship of the Dominion, the province and the municipalities. While the entire report should be read in order to obtain a clear picture of the basic principles elaborated therein, the following excerpts from the report are of particular concern to those interested in the possible development of health insurance and to those interested in public health development.

Health Insurance

“We have indicated elsewhere that since social and economic conditions and social outlook differ so greatly from province to province, we consider it essential that with certain exceptions responsibility for providing medical and hospital services and the choice of means should be left to the provinces. Among possible means is that of health insurance. The desirability of co-ordinating all medical services within the province under provincial control is a strong argument against the establishment of any scheme which would remove any large group within the province from provincial responsibility, as a Dominion health insurance scheme would do. Any health insurance scheme should be closely co-ordinated with other medical services, especially with those services providing medical assistance for low income groups.

“Health insurance differs profoundly from unemployment insurance and contributory old age pensions (sometimes called old age insurance). Unlike unemployment

insurance, health insurance is not subject to wide variations in demand; the risks are more easily estimated and more constant. It is not subject to cyclical fluctuations, or sudden emergencies making widespread and prolonged drains on reserve funds, except that in the event of widespread unemployment, premiums may be difficult or impossible to collect. Unlike contributory old age pensions, health insurance is not a compulsory savings scheme requiring individual accounts covering many working years. It is more nearly insurance properly so called—in the sense that it covers a contingent risk for a short term and is terminable on a fixed date or on fixed conditions. No serious problems of reserves or of bookkeeping for a migratory labour force are thus likely to arise. We see, therefore, no insuperable obstacle to the establishment of health insurance by a province.

“Ordinarily health insurance contributions are assessed against employers and employees though the state may contribute part of the cost. If income groups whose incomes are too low to enable them to pay part or all of their contributions are included in the scheme, the state may contribute the necessary additional amounts for these groups, or heavier contributions may be exacted from higher income groups. One method is that of exacting contributions from workers in proportion to earnings rather than on a per capita basis. Such a system has the merit of simplicity of collection and administration, but in so far as the contribution exacted from higher wage groups exceeds their benefits it is in effect an income tax on low incomes rather than an insurance premium.

“In the event of a province instituting a scheme for health insurance providing for taxes on wages and wage bills it might be found conveni-

ent to entrust the Dominion with the collection. If the Dominion were also levying taxes on wages and wage bills for other social insurance schemes (unemployment insurance and/or contributory old age pensions) it would appear to be highly desirable in the interests of economies in tax collections and tax compliance that collection be made by a single authority, and the Dominion is obviously the appropriate authority.

“In recommending provincial jurisdiction over health insurance we are aware of the possibility incidental to any social insurance scheme put into effect province by province that it may result in inequalities of taxes on industry as between provinces. We think, however, that regional differences in Canada militate against an acceptable national scheme. But experience with provincial social welfare legislation in the past has been that once an important reform is instituted in one province it has been adopted relatively quickly by others. This was the case with workmen's compensation; it might well be the case with health insurance and, if so, any inequalities of tax burdens as between provinces resulting therefrom would soon be evened out. There is also the possibility that if certain provinces should desire a uniform scheme, administered by the Dominion, they could delegate to the Dominion the authority to institute such a scheme provided that our recommendation for general power of delegation, which we deal with elsewhere is implemented.

“It must not, of course, be assumed that the Commission is in any way recommending the adoption of health insurance by the provinces. This is clearly a matter of provincial policy in which the province should have full discretion. The Commission is simply concerned with pointing out that, if a province should desire to adopt health insurance, the financial

proposals made elsewhere in this Report are not a hindrance. Indeed, the Commission's Financial Plan, by improving the position of all provinces on current account, should make more possible than heretofore provincial expenditures on health insurance or other welfare measures."

Public Health

"It may be confidently predicted that the health activities of governments are indeed only beginning, and that expenditures in this field are likely to increase rapidly in Canada, especially in the field of preventive medicine and medical aid for the lower income groups (either in the form of state medicine and hospitalization, or health insurance, or both).

"The municipality has always been, and still is, the basic unit in public health administration.

"This brief survey of the health activities of the municipalities, the provinces and the Dominion indicates that despite the chaotic situation as regards jurisdiction, each level of government is performing functions consistent with its proper role in the government of the nation. Jurisdiction may overlap, but there is in fact little overlapping of functional activities. Indeed, we were impressed by the inadequacy of health services, considering the need, rather than by the existence of duplication.

"We cannot see that it would be practicable to assign public health exclusively either to the Dominion or to the province. Much of the actual administration must be left to local or municipal authorities, and so long as the province has general jurisdiction over the municipalities the Dominion could not satisfactorily direct or control local health authorities. Moreover, the educational phase of public health must be closely linked with public education. It is no less important that local public health administration be closely linked to public welfare services, which like education are mainly local and provincial functions. While certain specialized services, such as hospitalization for tuberculosis, might be provided by the Dominion as efficiently as by the provinces, this is not of itself a reason for any shift in jurisdiction. Finally, there are

pronounced regional differences in Canada in social philosophy which are bound to affect public health legislation. Centralization of jurisdiction might not, therefore, conduce to progressive action in public health, or to national unity in general. On the other hand, certain health services, such as health inspection of prospective immigrants, or prevention of import or interprovincial trade in dangerous drugs or impure foods, or medical care of the armed forces, could scarcely be provided efficiently by the provinces individually.

"We think, therefore, that the present jurisdictional situation should not be disturbed, and that the public must rely on the good sense of public health officials and of political authorities concerned to effect co-operation and to work out an efficient and economical division of functions between the Dominion and the provinces. This division of function should no doubt be changed from time to time in accordance with social needs but we think it our duty to suggest certain principles which should govern this division."

Divisions of Functions in Public Health

"Provincial responsibilities in health matters should be considered basic and residual. Dominion activities on the other hand, should be considered exceptions to the general rule of provincial responsibility, and should be justified in each case on the merit of their performance by the Dominion rather than by the province. Mere importance of a service does not justify its assumption by the Dominion.

The Province should accept responsibility for:

(a) "Field" activities of public health, generally which will be mainly carried out by municipal or local authorities under provincial direction.

(b) Institutional care (except for special groups, such as the armed forces, which are the responsibility of the Dominion).

(c) Policy as to the method (e.g., whether by health insurance, or by state medicine and state hospitalization) of providing state medical services (including dental and nursing services, hospitalization) for indigents or low income groups.

(d) Health education.

(e) Preventive medicine.

(f) Research into local conditions affecting public health, or on diseases of peculiar importance to the province, or as a function of medical education in the universities.

(g) Professional qualifications for the practice of medicine and quasi-medical vocations.

The Dominion's activities should be confined to:

(a) Enforcement of health measures which are ancillary to its defined legislative powers, and measures which cannot be satisfactorily administered by the provinces (e.g. the Food and Drugs Act).

(b) Services for groups who are in the position of wards of the Dominion (e.g. Indians, and members or former members of the armed forces). It is, however, suggested that the Dominion should consider carefully the possibility even in these cases of buying provincial services rather than establishing its own medical services.

(c) Leadership in establishing uniform standards where these are desirable (e.g. standards for trained personnel, definition of medical terms, compilation of statistics, standardization of drugs).

(d) Leadership in effecting co-operation between the provinces and co-ordination between services of the various provinces in order to avoid overlapping and deficiencies in health services. The Dominion Health Council on which all Provincial Departments of Health and the Dominion Department are represented, seems to be an entirely suitable means to these ends.

(e) The provision of auxiliary services for aiding the provinces (e.g. publication of suitable public health literature; provision of expert advisory services for such matters as sanitary engineering, epidemic diseases).

(f) Scientific research in medicine and public health generally. In this connection the establishment of a special medical research division of the National Research Council is to be commended. But it should be emphasized that centralization is no more necessary or desirable in medical research than in scientific research, and that the Dominion's function in promoting medical research may in some cases be best performed by assisting medical research in the universities."

Mr. Woo Entertains

A Unique Expression of Gratitude
by a Former Patient

By MARY V. JOHNSTONE

Ward Secretary, Toronto General Hospital



ALITTLE more birds' nest soup? Please let me fetch another duck! But let us start at the beginning.

Lem Woo is a Chinese gentleman living in Chinatown. He was admitted to our surgical ward one evening in the midst of an acute illness, necessitating immediate operation. Then followed a long and stormy convalescent period, complicated chiefly because of the serious nature of his illness, but in great part, too, because of language difficulties. However, due to the vigilance of the nurses, and in particular, to that of one little undergraduate, Woo was slowly retrieved from the brink of the abyss on which he had hovered for many weeks.

Woo's next of kin in this country is one Lem Hamm. According to Chinese tradition, the next of kin assumes the responsibility for his relatives in time of trouble. Lem Hamm's appreciation of all that had been done for his cousin, knew no bounds. He was a constant visitor at the hospital.

The day arrived at last when Woo was permitted out of bed, to sit in a chair for a short period. The interest aroused among the interns, nurses and orderlies quite confused the gentle old Chinaman, unaccustomed to such attention. A week or so later

Lem Hamm took Woo home to complete his convalescence.

Then, in a few days, Hamm returned and invited us to a dinner party to be given in honour of Woo's miraculous recovery. Dr. L—, the surgeon who performed Woo's operation, Dr. D—, the intern who kept an eagle eye on him during his post-operative course, the two nurses in charge of the ward, the little undergraduate nurse who had worked so painstakingly, and the writer, were invited.

Calling for us on the evening arranged, Lem Hamm escorted us to a Chinese restaurant on Elizabeth Street—one especially famed for its Chinese cuisine. Immediately upon being seated at the table, a waiter silently produced a pot of tea and tiny bowls from which to drink. Each guest was given a pair of chop sticks and also provided with a fork lest the inconvenience of manipulating the chop sticks prove too exasperating. Next on the menu a large bowl of birds' nest soup appeared, which delicacy our host generously ladled out into small bowls. This was our initiation to this rare and delightful concoction. At this very point, as we were to discover later, we made a very grave error, an error due to over-enthusiasm. Lem Hamm insisted that we have more—which we

did. If you are familiar with the filling effect of birds' nest soup, you can appreciate our plight as the meal progressed.

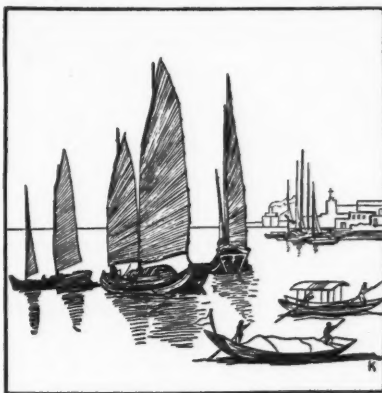
Individual bowls of rice came next, accompanied by small dishes of a black fluid, which our host informed us was to savour the various dishes to follow. Soon followed a very colourful, large Chinese porcelain bowl, containing chicken, mushrooms and other ingredients too numerous to mention. At this stage, etiquette demands that one should use the chopsticks provided. Our clumsy attempts must have appeared very amusing, as evidenced by the looks of wonderment on the faces of the nearby Chinese customers who paused in the midst of conveying a rapid stream of rice, chicken, etc., from their bowls to their mouths to watch the strange, awkward antics of the foreign people. It must be confessed that most of us early abandoned our efforts to master the chop sticks, so eager were we to partake of this delicious food, for it was quite impossible to enjoy it by this method of transportation. So accomplished with his chopsticks, however, was Doctor L— that, in spite of his protests to the contrary, we were quite convinced that he must have had some previous experience in this art. Indeed, towards the end of the meal he became so proficient

that our Chinese neighbours ceased to be interested in his efforts. One can only attribute his feat in mastering the chopsticks in one single experience to the fact that he is a very skillful surgeon, accustomed to manipulating his fingers in uncanny ways. Not one grain of rice could be found in his vicinity, as would have been expected in the case of a novice. Of course we must have another portion; it was useless to protest against such genuine hospitality.

At this stage appeared another of those beautiful bowls, containing what Lem Hamm termed "an omelette". My conception of an omelette is a dish composed, basically, of eggs, varying to unlimited possibilities according to the culinary propensities of the cook. This omelette was unique, however, in that, to a discerning eye, it contained no eggs; it was compounded of fine strips of roast duck, more mushrooms, candied peel, carrots, etc., all smothered in a sweet red sauce of an undetermined nature.

A salad was the next dish placed before us; consisting of Chinese lettuce, asparagus tips, green peas, celery, bamboo sprouts, etc. As with each previous dish, we were compelled to finish the entire contents before it was removed from the table.

During the meal Lem Hamm's friendly hospitality never flagged for a second. The tea pot was emptied many times and returned to the kit-



The above line drawings showing the entrance to the old temple at Gwanhsien and the river scene were made by Mrs. J. Kitchen of the West China Mission.

chen to be replenished. Although urged to have a soft drink, we continually refused, assuring him nothing could compare with this delicious brew of tea.

The final course, the *pièce de résistance* of the entire meal, was a vegetable dish containing bacon and covered with a generous layer of almond nuts. In due course this too disappeared. Thereupon Lem Hamm, in sincere Chinese fashion, apologised profusely for so meagre a meal, and suggested that we have a duck. He could procure a duck for us at a moment's notice and pleaded with us to consider it. Only after many emphatic protests did we succeed in convincing him that we could not partake of one more morsel of food after such a delightful repast.

At last we bade our genial host farewell. It is our sincere hope that we adequately conveyed to him our appreciation of his kindly hospitality—the hospitality of a land where cooking is a religion and where cooks mingle poetry with their pork.

Annual Convention of Prairie Provinces Conference, C.H.A., Held in Calgary

A most successful convention was held by the Prairie Provinces Conference of the Catholic Hospital Association at the Holy Cross Hospital, Calgary, on June 23rd and 24th. The morning of the 23rd was taken up with business sessions and the reports of the Nursing Education section and the legislation committee and the delegates to the meetings of the Canadian Hospital Council and the American Hospital Association. During the afternoon Rev. Father J. A. MacLellan, Chaplain of St. Joseph's College, Edmonton, spoke on a "Central Plan for Nursing Education" and Sister M. Evangelista of Winnipeg spoke on "The Morning Conference". A paper was also given on "Group Hospitalization". Mother Conchessa, C.S.J., M.A., of St. Paul, Minn., led the Round Table discussion on these papers and other hospital problems.

Nursing education was the theme of the general session on Monday morning. Reverend B. Holland, Calgary, gave a paper on "Teaching Religion in Schools of Nursing", and

Rev. E. Doyle, of Calgary, spoke on "Teaching of Applied Ethics in Schools of Nursing". Mother Conchessa gave an address on "Newer Trends in Nursing Education". An open discussion followed these papers.

Delegates were guests of the Sister Superior and Sisters of the Holy Cross Hospital at luncheon and in the afternoon enjoyed an excursion to Banff with a picnic at Sun Dance Canyon. On Sunday evening they were entertained by Our Lady's Sodality and assisting artists.

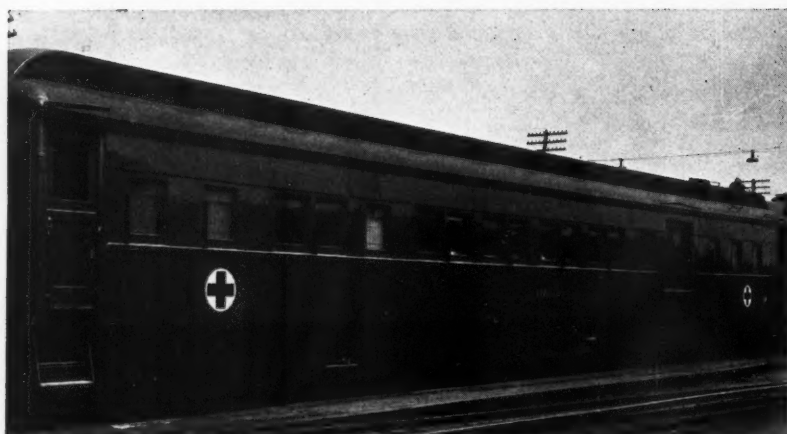
Election of Officers: President, Rev. Sister M. Beatrice, Lethbridge, Alta.; 1st Vice-President, Rev. Sister A. Herman, Saskatoon, Sask.; 2nd Vice-President, Rev. Sister Anna Keohane, Vegreville, Alta.; Secretary, Rev. Sister M. Emmanuel, Lethbridge, Alta.; Treasurer, Rev. Mother Mann, St. Boniface, Man. Councillors: Rev. Sister Alice Marie, Winnipeg, Man., Rev. Sister Marie Veronica, Moose Jaw, Sask., and Rev. Sister D. Clermont, St. Boniface, Manitoba.

The 1941 convention will be held at St. Boniface, Man., probably in the early autumn.

Military Draft Training of Key Employees

Where two or more highly trained male technicians, say in radiology, are in the same age group, are they likely to be drafted for military training at the same time? Could it be arranged that they take their training at different times? In response to enquiries on this point, the Canadian Hospital Council has endeavored to obtain a ruling from Ottawa. To date a reply has not been received, but we do note from the press that, in announcing further details of the training to be supplied all unmarried men, Defense Minister J. L. Ralston stated on July 29th that there are to be no exemptions from service whatsoever. Physically fit men, regardless of their occupation, are to report when their classes are called, the first class reporting about October 1st.

In Great Britain hospitals may make application for a deferment of the calling up of individual members of their staff who are engaged upon essential work. Deferment is limited to six months. Extension is unusual.



New Military Hospital on Wheels

First Unit Constructed for C.N.R.

CANADA'S first hospital railway car has been completed for the Royal Canadian Army Medical Corps at the Montreal shops of the Canadian National Railway. Taken to Ottawa for official inspection, it has been approved and will be the model for similar cars to be provided as the situation requires.

These khaki-coloured hospital coaches will accommodate 16 bed-pa-

tients and a staff of five. They are also designed to become the surgical and medical center of trains carrying wounded and convalescent soldiers from seaports or from one part of Canada to another.

This hospital car is exceedingly well laid out. Cots replace the lower berths leaving a wide aisle for the attendants (lower right). Detail of equipment is complete even to specially constructed trays for the use of patients who must remain abed while travelling. A dispensary (upper right), a kitchenette and a dressing room for the patients is provided. There is also a separate compartment giving ample room for three nurses

and an ingeniously compact room gives complete living quarters for the medical officer. The dispensary will be so equipped that it should suffice for almost any emergency likely to arise during travel from the seaboards to hospitals in the interior. The kitchenette is shown across from the dispensary in the upper right illustration.

These cars are being equipped with special entrance doors. The stretcher entrance is to be at the side and is being built with extra wide doors to facilitate the entrance and egress of patients on stretchers (illustration on left).

It is anticipated that most of the wounded men being transported will be up-patients. These will be accommodated in regular pullman coaches and will be fed from the dining car on the train. Only sufficient hospital cars will be used to provide for those who are bedridden.



*Photographs courtesy
Canadian National Railways*



Care of Evacuee Children

Many enquiries have been received concerning the health care of the children being evacuated from Great Britain. Although it has been announced that the passage of these children would be postponed, it is presumed that this does not necessarily mean cancellation of the plan and, therefore, arrangements are being developed for completion of the undertaking. Final and official statements have been difficult to obtain, due to the day by day changes which the present world turmoil is causing, but the following information, gathered from various official sources, would seem to indicate the general procedure planned. This applies to the children being brought out by the government; privately sponsored evacuees are another matter.

(a) The Dominion Government will be fully responsible for the transportation and necessary care of children between the ages of five and sixteen years, from the point of embarkation in the British Isles to the designated town or city in Canada, at which point the Provincial Government assumes responsibility and exercises authority.

(b) The Provincial Government through its Welfare Department or department performing welfare service, will be responsible for the placing of the children in their foster homes.

(c) The homes which are offered are to be listed with the Welfare Department through its local office in the area, by which department the homes will be inspected and approved.

(d) The children will be carefully examined in Great Britain, also on arrival in Canada, and will then be given a careful check-up on reaching the respective provinces. Various diagnostic and immunizing procedures will be carried out. They will not be released to foster homes until their good health has been assured.

(e) Hosts will be expected to provide maintenance and all other costs of these children in a manner similar to the care they would give their own children, with the exception that the Dominion Government will be responsible under certain conditions. The official memorandum issued by

the Department of Public Welfare of the Province of Ontario is probably typical of the understanding in the other provinces:

"Should illness develop after the child has been placed, the host will be expected to provide ordinary medical care in the same manner as he would if the child were his own. Under no circumstances, however, will the host be called upon to bear the cost of hospitalization or of major medical care. This responsibility continues to rest with the Dominion Government. In the case of serious illness, the local Children's Aid Society must be notified immediately."

(f) Careful records will be kept in

the Province of the foster homes designated for any special groups of children. Canadian doctors, lawyers, dentists, etc., are asking for the children of similar groups in Great Britain.

(g) The question of preference as to sex, age, religion, etc., will be observed. It will remain in the last analysis, for the foster home to accept or reject, as the case may be.

(h) At present there is no indication as to whether or not funds will be released from Britain to pay for the maintenance of any of these children in Canada. Therefore, they must still be regarded as non-paying guests. This provision, of course, is open to change at the discretion of the respective Governments, but it would be wiser at this juncture to look upon the service as a voluntary one.

Elizabeth L. Smellie, C.B.E., to Head R.C.A.M.C. Nursing Services

Miss Elizabeth L. Smellie, C.B.E., the chief superintendent of the Victorian Order of Nurses, has been appointed matron in chief of the R.C.A.M.C. nursing services. She will be head of the nurses on active service and will arrange for the transfer overseas of the nurses who are to join the present units now serving in England.

Miss Smellie has had a distinguished career. Her outstanding work as the chief superintendent of the V.O.N. is well recognized. Miss Smellie knows Canada and Canadian people as do few other Canadians. Born in Port Arthur and a graduate of Johns Hopkins, she had done private nursing in both Canada and the United States when she volunteered for service at the outbreak of the first Great War and was sent overseas with reinforcements to the First Canadian Contingent, January 1915. After service at Taplow and at Le Treport, she became matron of Moore Barracks Hospital at Shorncliffe. In 1918 she was made assistant to the matron-in-chief of the C.A.M.C. nursing service at Ottawa. After a two-year course in public health nursing in Boston, she joined the staff of McGill University School for graduate nurses, and was appointed

field supervisor for the V.O.N., becoming the chief superintendent of the V.O.N. in 1924. Miss Smellie is now the First Vice-President of the Canadian Nurses' Association.

Doctors' Registration for War Service

Voluntary registration of doctors undertaken by the Canadian Medical Association shortly after the outbreak of war and kept open for late or revised returns reveals that 3,112 doctors have expressed willingness to serve overseas. Some 2,672 doctors making reply have indicated previous military experience, the majority during the last war or as C.O.T.C. training during their undergraduate years. Of this group of 2,672 only 161 are not now available for military duties. Of the total of 8,553 doctors who made reply, only 843 are not available for one reason or another for full or part time military service.

Many Applicants for Chilliwack Insurance Plan

Over nine hundred applications were received and accepted for membership in the hospital care plan at Chilliwack, B.C., which has just begun to operate.

Silver Jubilee of Catholic Hospital Association

—A memorable event

THE Silver Jubilee Convention of the Catholic Hospital Association in St. Louis was one of the finest in history. Sisters and clergy from all over the continent were present in record numbers to celebrate the occasion, more than 2000 nuns from 900 institutions being present. The Hierarchy of both countries honoured the convention by their participation. A feature of the meeting was the large number of successful conferences of those interested in various special activities in the hospital and allied fields.

In his masterly Presidential Address, which was probably the most comprehensive presidential address in the history of our various hospital

associations, Father Schwitalla analyzed many of the leading problems facing the hospitals to-day. In reference to the war he said, "We regard the hospitals and the personnel that serve in them as part of the national defense. Their conservation is all important at a time such as this for securing national well-being." Indicating that the hospitals must rededicate themselves as "the servants of the people" and that the "withdrawal of our personnel for the purposes of the national defense cannot but meet the wholehearted support and approval of everyone of us", he expressed the hope, nevertheless, that the civilian needs of the people would not be overlooked and

that the residual staffs would so organize as to be able to carry on this necessary civilian work.

It was announced that in the past 25 years, the Catholic hospitals in Canada had increased from 90 to 179; the bed capacity from 10,550 to 32,946. To mark the Silver Jubilee, Father Schwitalla was presented with \$1,000 for the St. Louis University's medical library.

The extension of Catholic hospital service to rural areas was one of the topics receiving special consideration. The Rev. George Daly of Toronto discussed this subject from the viewpoint of rural Canada.

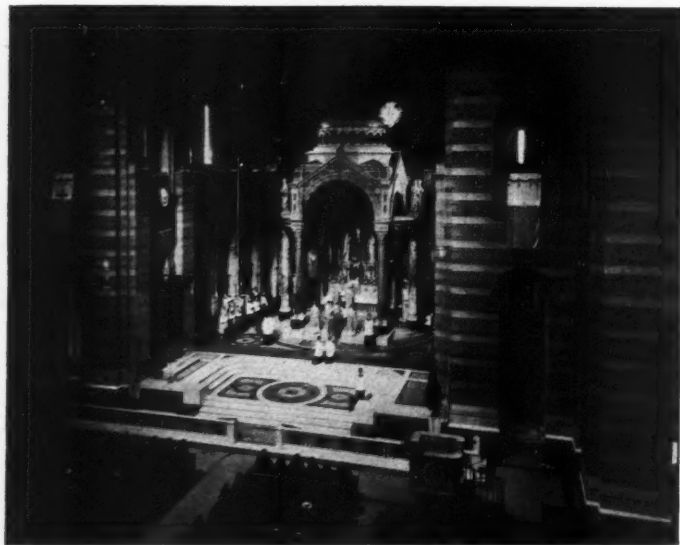
Among the exhibits was one illustrating the equipment used by the early French hospitals in Canada back in the 17th century.

Medical and Hospital Directory for Quebec

A directory listing all hospitals in Quebec with their types and capacities, the medical schools, all registered physicians, etc., has been published in two languages with the authorization of the College of Physicians and Surgeons of Quebec. The Directory lists all public health officials, clinic specialists, coroners and others engaged in health work.

Above: Several Canadian Sisters participated in the ceremony of the cutting of the Silver Jubilee cake. Left to right: Sister Marie Joseph of Quebec City (whose hospital celebrated its 300th anniversary a year ago); Msgr. John J. Healy, Little Rock, Ark.; Mr. John Jenkins, St. Louis; Father John W. Barrett, Chicago, Vice-president; Father A. M. Schwitalla, S.J., President; Sister Helen Jarrell, Chicago, Secretary; Sister M. Patricia, London, Ont.; Sister Ignatius, Glace Bay, N.S.; M. R. Kneisl, Executive Secretary.

Left: The Pontifical Mass at the Cathedral of St. Louis which opened the convention.



Schools for Laboratory Technologists To be Given Approval

C.S.L.T. to Qualify as National Registry

IT has been decided that schools for laboratory technologists in Canada may be listed as "approved" if they so desire by a committee of the Canadian Medical Association made up of pathologists and biochemists. This committee will work in full co-operation with the Canadian Society of Laboratory Technologists, with which body close contact has been maintained during the studies of the special committee, the chairman of which has been Dr. William J. Deadman, pathologist to the Hamilton General Hospital.

It has long been recognized in Canada that there has been a real need for two advancements in the field of laboratory technology; (1) the development of a *registry of technologists*, membership in which could be recognized as indicating a high degree of qualification and (2) a yardstick of approval whereby the *technical training* of the technician could be appraised. The need for these two developments has been most obvious to administrators and the medical staffs of the smaller hospitals situated away from the general training centres. With the development of laboratories in smaller hospitals there has been an increased demand for qualified technicians and, having no standard whereby to appraise either the training or the ability of the applicant, many hospitals have found it necessary to employ technicians with very meagre knowledge of their actual ability.

Many institutions, too, have trained their own technicians. This has proven very satisfactory in larger hospitals but, where attempted without adequate provision or material, has not always had the best results.

At its June meeting the Canadian Medical Association gave approval to the report of the special committee which not only set up the basis of approval to be followed in approving

schools for laboratory technologists but also paved the way for the recognition of the now existing and functioning Canadian Society of Laboratory Technologists as the official registry of technicians in Canada.

Rather than set up another body to constitute an official registry for the benefit of doctors and hospitals wishing to employ technologists, the special committee has been in negotiation with the Canadian Society of Laboratory Technologists to effect a basis of membership in that society so that the C.S.L.T. could be recognized as equivalent to a registry. Most of the requirements set up by the special committee are already part of the membership requirements of the association, so that very little change will be necessary at the next meeting of the C.S.L.T.

The following requirements are to become effective January 1st, 1941:

1. Honour matriculation, or the equivalent grade, to be the educational requirement for admission.
2. Membership in the Society should be designated as qualifying under two headings:

A. Laboratory Technologist (general).

B. Laboratory Technologist (name of special field).

General membership shall be given only after one year of general training under approved direction; those applying for membership under a special category shall have had at least one year of training in the particular specialty designated.

After January the 1st, 1943, those applying for certification in a special field shall be required to have had one year of general training as well.

Approval of Schools for Laboratory Technologists

A basis of approval of schools for laboratory technologists has been elaborated and forms are now being prepared upon which directors of laboratories desiring that their department be recognized as a school for laboratory technologists may submit data to the committee. Details of this basis of approval will be given in a subsequent issue.

War Ace Son of Dr. S. R. D. Hewitt Killed in Action

The many friends and associates of Dr. and Mrs. S. R. D. Hewitt of Saint John, N.B., will regret to hear of the death in action of their son, Pilot Officer Duncan Alexander Hewitt, R.A.F., aged twenty. Pilot Officer Hewitt began flying when he was barely sixteen and was studying aeronautics in London when war broke out. On his first aerial engagement he is reported to have brought down a big Heinkel bomber and, in a recent letter, wrote of "bagging" four Nazi bombers in France. A recent movie film portraying R.A.F. activities showed a closeup of

Duncan in action during an aerial battle.

Dr. Hewitt is general superintendent of the Saint John General Hospital. Previously he was superintendent of the Regina General Hospital and, following the last war, was director of the Christie Street Military Hospital at Toronto. Both Dr. and Mrs. Hewitt served at Salonica during the last war, the latter as a nurse. A sister of Pilot Officer Hewitt, Gwyneth, is in charge of one of the wards at the Toronto General Hospital. The sympathy of the entire hospital field goes to the bereaved family.

Obiter Dicta

Hospitals Obtain Exemption From Unemployment Insurance Act

AS we go to press word is received that the hospitals and their employees have been exempted from the provisions of the Unemployment Insurance Act. The exemption clause, introduced during the Senate debate by Senator Beaubien, provides exemption for those having "Employment in a hospital or in a charitable institution where, in the opinion of the Commission, such hospital or charitable institution is not carried on for purposes of gain." This amendment was adopted by the Senate and the amended measure given final approval on the following day by the House of Commons.

The obtaining of this exemption has been a notable achievement and indicates again the vital importance of maintaining an organization ever alert to protect the interests of our public hospitals, their employees and the public whom they serve. Introduced into the House the day following the Privy Council decision, this measure was speeded through its readings and committee hearings as have few bills of such vital importance. Had it not been for the prompt action of the Canadian Hospital Council and the immediate response of the association officers across Canada, it would not have been possible to make such strong and such authoritative representations at Ottawa.

On behalf of our public hospitals, the Canadian Hospital Council expresses its deep appreciation of this action on the part of the Senate of Canada and the House of Commons. Again our legislators have shown their sympathetic interest in the humanitarian work of our hospitals. The Council desires, also, to record appreciation of the service rendered by Senator David, Senator Beaubien, Dr. Charles J. Veniot, M.P., Mr. J. H. Roy, Rev. Sister Robert, Mr. R. F. Armstrong, the association presidents and secretaries, and by the many others who rendered valuable assistance.



A Subtle Danger

CANADA'S war effort is now being threatened with a "fifth column" activity of a new type. Until recently the American magazines as a whole were content to talk isolation and the only effect upon our Canadian readers was that of regret, to put it mildly, that the people of that great nation were being hoodwinked by their demagogues into believing that they were not concerned with world developments beyond their borders. Now the American nation has been awakened with a rude jolt and, in its rush to arm to the teeth, would seem to have accepted almost holus bolus, to judge by much American literature being received, the viewpoint that Britain now cannot win. If Britain is done, why send more material over to fall into German hands? Keep it

for home defence! That this pseudo-patriotic policy is merely another German agent scheme to prevent aid reaching Britain does not occur to the average reader bewildered by the sudden broadening of his horizon.

The danger is obvious if this defeatist attitude affects our thinking here. American magazines are read everywhere in Canada and by everybody. The C.B.C. has done excellent work in controlling pernicious anti-British propaganda and unreliable newscasts, but the public can always tune in directly on American stations. It is our solemn duty to fight this insidious propaganda on every possible occasion. Our allies may go down through treachery or half-hearted resistance, but the real British spirit, which the Hun and some of the neutrals seem to have overlooked, has at long last been fully aroused. Churchill, the grim old bulldog, solemnly promised the world that Britain would carry on this fight alone if need be. And carry it on to ultimate victory she will, too. That spirit must be the one all-consuming passion of every last person in this country.



National Registration--Can You Help?

AN appeal to various national organizations to provide voluntary help for the forthcoming National Registration of all men and women has been issued by the Honourable James G. Gardiner, Minister of National War Services. This appeal has come to the hospitals through the Canadian Hospital Council.

Voluntary help of various kinds will be needed—individuals to assist the official registrars by aiding people in filling out the Questionnaire, donation of premises for booths, loan of office equipment, etc.

If any of the personnel of your hospital could be of assistance, have them get in touch with the local Registrar, whose name will be announced shortly in your local press. Perhaps you have equipment which could be loaned for the registration quarters. If free for part of the day, your out-patient department might be useful as a registration booth. Perhaps you are a member of some other society or organization of a local nature which could be enrolled for voluntary service. Get in touch with your Registrar.



The Collapse of the Youth Congress

THE Fifth Canadian Youth Congress whose recent convention in Montreal petered out to such an inglorious ending did not receive as much press comment as the importance of the attitudes expressed would seem to have indicated. Perhaps this was because there was a general realization that this body, so excellent in theory, did not really represent the youth of Canada. Nevertheless the hospital field, representing as it does an

important unit in the educational program of several groups of young people, the leaders of tomorrow, is concerned with this situation.

The Canadian Youth Congress was founded "to provide a forum for the youth of Canada" and "to maintain traditions of freedom and democracy which . . . must be protected against real threats, whether from abroad or from within."* All types of young peoples' organizations were permitted to participate. The organization has done a great deal to study the problems of youth, particularly in connection with economic conditions. It has done something to arouse a social consciousness in the minds of our youth. Unfortunately, the more vociferous and aggressive groups have appeared to dominate the discussions. Radical views on political and economic questions have been given wide support and the "social consciousness" aroused has all too often been unbalanced and irrational. Pacifism became a basic principle. Even with the outbreak of war and the imminent threat of oppressive serfdom under the Prussian heel, they still debated whether they would insist upon a "free" youth "or whether we would abandon our own liberties and stop thinking and acting like intelligent and independent citizens", presumably, by supporting Canada's entry into the war. The very essential War Measures Act was violently opposed, as were also the equally necessary Defence of Canada Regulations. "Jobs—Not Conscription" became the slogan of these youthful theorists who were unable to see that while they burnt up their energy in *talk-ing* democracy, a ruthless enemy to whom logic and truth and humanity mean absolutely nothing was battering down the door.

The outlawing of the Communist party did much to silence one very demonstrative group. However, the constitution would appear to be weak in that it does not confine membership to well recognized national youth organizations but permits local and, especially, so-called "cultural" bodies to participate. Under the latter guise individuals who may be long on theory but short on practical knowledge and to whom the responsibility of maintaining the integrity of the British Empire and of Canada may be of little moment, have an opportunity of giving their views unwarranted prominence. Hyde Park orators and pacifist assertions may be tolerated in peace time, but Canada is now at war. Every individual must face the issue squarely; he is either behind Canada's prosecution of this war 100 per cent, or he is an enemy of his country and against the perpetuation of democratic freedom. The large number of responsible youth organizations which refused to be a party to the suicidal views being expressed and withdrew support, have given proof of the genuine soundness at heart of Canadian youth.

* Quotations are from the Secretary's report which provoked such widespread criticism.



Inoculation of "Evacuettes"

IT is to be hoped that Canadian health and other governmental authorities will not take too seriously the question raised in the British House of Commons respecting the compulsory toxoiding in Canada of evacuee children. Apparently the request was made to Canada to not make the regulations more stringent than would be generally applicable to all Canadian children.

But it may be necessary to make obligatory what we do, in part at least, on a voluntary basis. Many of our finest homes are being opened to these unfortunate children—if they ever do come—on the assurance of the Canadian government that every precaution will be taken to ensure their good health on arrival. These children are bound to be some expense to their foster parents and it is obvious that some cases of serious illness will arise. However, diphtheria, smallpox and other diseases can be so easily prevented by simple immunizing methods, or be detected by diagnostic tests, that it would seem the height of folly not to protect the health of the child and the pocketbook of the foster parents by eradicating the possibility of as many of these communicable diseases as can be effected. Moreover it would be a marvellous object lesson in preventive medicine. Anti-vaccinationists, anti-pasteurizationists and "anti-everythingists" have been unduly tolerated in Great Britain and their unscientific views should not be permitted to interfere with the commendable health precautions being developed in this country.



The Ford Incident

BECAUSE of their frequent selection of Ford cars, hospital personnel will have a more than passing interest in Henry Ford's sudden decision to refuse to build army planes if any are to go to Great Britain. It was inevitable that such a short-sighted policy, so harmful to the cause of Great Britain and of democracy, should have immediately raised the demand for a Canadian boycott of Ford products, a demand which did receive wide publicity—but for a day or two only. Almost overnight the press changed its tune and began lavishing praise on the Ford organization in Canada. Why the "about turn"?

Whether this was due to wide appreciation of the excellent voluntary services of both Mr. Wallace Campbell and his wife, or to consideration of Ford workmen, or to the influence of heavy advertising, we do not know. The many war orders received would indicate that a large proportion of the workmen in the Canadian plants are not now working on civilian orders anyway.

The fact remains, however, that this defeatist decision has definitely hurt the fight for democracy. Not only did it rob Britain of a vast store of much needed reserve planes, but it fanned to new flame the wave of panic and jitters which is now sweeping over the United States. One cannot estimate the possible effect of a decision like this on the recently announced and pitifully weak platforms of the two American parties. Canadians are rightfully disgusted with Henry Ford's conception of defending democracy. One recalls his Peace Ship venture, which indicated an amazing lack of understanding of the principles for which the Entente was fighting. We still have in our library a volume of the collected anti-Semitic articles published in the Dearborn Independent twenty years ago, articles which would have been a credit to Goebbels. We recall, too, that when the steady pressure of the resultant Jewish boycott of Ford products began to take effect, the articles stopped and were replaced by laudatory statements. We fear that many people will not quickly forget Henry Ford's decision to leave the British Empire to its fate.

How Hospitals Use Welding

The Oxy-Acetylene Process Effects Considerable Savings in Both Time and Money

MORE and more hospitals are installing oxy-acetylene welding and cutting outfits because of the many money-saving jobs which can be readily performed in the repair and maintenance of existing equipment, and in the fabrication of new equipment such as furniture, fixtures, and accessories.

The following statement by the chief engineer in one of these hospitals illustrates the savings in time and costs that a hospital can effect by doing its own welding. "In 1936 we installed our own welding and cutting equipment at a relatively small cost. A small room which was available was turned over to welding work, and a special bench and other simple equipment were installed.

"One of our talented and versatile mechanics took a course in welding, and has made himself quite proficient in this specialty. Since that time we have used this outfit frequently, doing practically all our own metal repairing, much of which was formerly sent out. In addition, we have mended satisfactorily many parts we used to throw away."

Equipment Fabricated from Scrap Pipe

An important advantage of an oxy-acetylene welding and cutting outfit is the fact that material which would ordinarily be discarded as scrap can often be salvaged and given a new lease on life. At one hospital, scrap pipe was used for fabricating the three pieces of equipment illustrated in Fig. 1. At the left is a silverware cabinet, the framework of which was completely welded from scrap pipe and was then covered with wood. Thus, for much less than the cost of buying a new cabinet, this hospital obtained one that was of extremely strong construction as well as of attractive appearance.

The handle assembly of the platform truck for use in the kitchen (shown in the center) is also welded from scrap pipe which, in turn, is welded to a steel plate attached to the wooden platform. At the right is a grinder stand, made from 1-in. pipe by welding.

The soap heater shown in Fig. 2 was fabricated from pieces of scrap pipe and a used oil drum to which were welded a pair of handles and a valve outlet. Before any welding was

done, the drum was carefully cleaned to remove all traces of oil, thus insuring the absence of any combustible gases or vapors. The instructors' reading stand shown in this illustration was also fabricated from scrap materials.

Other equipment fabricated in this hospital includes: twelve 3-legged washstands of $\frac{3}{8}$ -in. pipe which replaced some old ones made from riveted strap iron that were shaky and squeaked; a strong, sturdy work bench welded from $1\frac{1}{4}$ -in. pipe to take the place of an old wooden bench that had rotted away; and several welded ice-water carts. These carts, 34 in. high, 18 in. wide, and 26 in. long, were made with five legs, three of which were equipped with casters. Two of the back legs were made to serve as gliders and cleared the floor by about $\frac{1}{2}$ -in. This arrangement was found to facilitate steering and to reduce noise considerably.

Noiseless Cylinder Truck

The principle of better steering and less noise with three-wheel support (Continued on page 26)

Fig. 1—Three useful articles fabricated from scrap pipe by welding. Left, a silverware cabinet; center, kitchen platform truck; right, grinder stand



SURGICAL TUBES BY DAVOL



STOMACH TUBE

Open tip, one eye, 60" long, with funnel

No. 710 22 French scale, child's

No. 711 28 French scale, small

No. 712 30 French scale, medium

No. 713 32 French scale, large



COLONIC IRRIGATOR

Closed tip, two eyes, 48" long

No. 754 36 French scale

No. 755 38 French scale

No. 756 40 French scale

No. 757 42 French scale

No. 758 44 French scale

No. 762 50 French scale



NASAL FEEDING TUBE

Open tip, with funnel

No. 753 Length 20" 16 French scale

No. 752 Length 20" 22 French scale

No. 782 Length 36" 22 French scale



RECTAL TUBE

Open tip, one eye, 20" long, funnel end

No. 724 16 French scale

No. 748 24 French scale

No. 725 18 French scale

No. 749 26 French scale

No. 726 20 French scale

No. 706 28 French scale

No. 705 22 French scale

No. 707 30 French scale

No. 708 32 French scale

Davol merchandise is distributed in Canada by the wholesale Surgical Supply Houses through Selberling Rubber Co., of Canada, Ltd.

DAVOL RUBBER COMPANY • PROVIDENCE, RHODE ISLAND

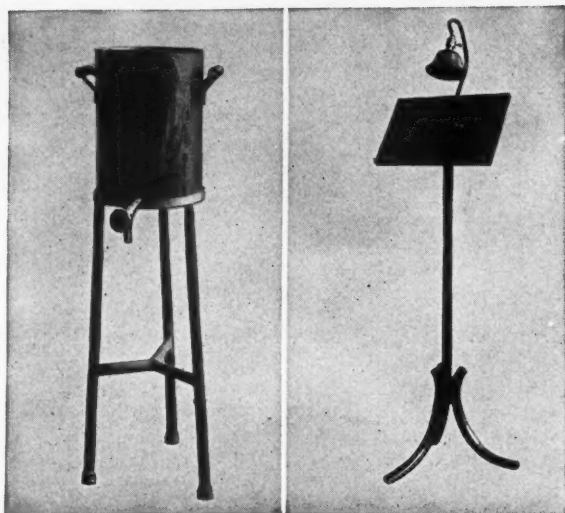


Fig. 2—This soap heater (left) and instructor's reading stand (right) were fabricated entirely from scrap materials

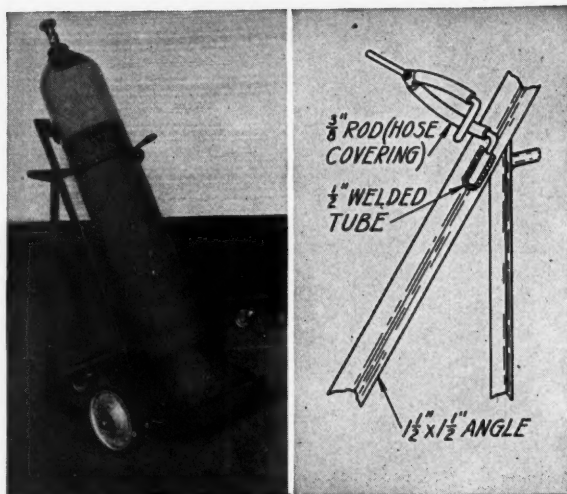


Fig. 3—The noiseless holder for this all-welded oxygen cylinder truck is sketched at the right

(Continued from page 24)
port was also applied successfully to the construction of several all-welded trucks for transporting oxygen cylinders used for medical purposes (Fig. 3). The framework is made of $1\frac{1}{2}$ -in. by $1\frac{1}{2}$ -in. angle iron. The rear corners of the truck are raised off the floor about $1\frac{1}{2}$ -in. and serve as gliders to prevent the truck from tipping over.

An interesting feature of this truck is the $\frac{3}{8}$ -in. rod bent in a semi-circle which is used to hold the cylinder in position. This rod, with a section bent in a loop for a handle, is held in place by two short pieces of $\frac{1}{2}$ -in. pipe welded inside the angle iron (Sketch, Fig. 3). The rod can be lifted out of both of these sockets or lifted out of only one and swung out of the way, using the other socket as a hinge. This rod is covered with rubber tubing and is used instead of the conventional chain because it is noiseless.

All-Welded Inhaler

The benzoin inhaler, shown in Fig. 4, is another interesting example of what can be fabricated out of inexpensive materials. Included in its construction are an empty five-gallon vegetable oil can, an ordinary tin pie plate, and part of an old copper float for a water storage tank.

The framework, which consists of $\frac{3}{8}$ -in. tubing and small angle iron for cross-braces, is completely fabricated by welding. The five-gallon can, set in place on the angle iron supports,

serves as a jacket for holding insulating material. Inside the can is the heating container, which consists of a piece of 8-in. diameter pipe closed at both ends by two well-fitted plates that are welded in place. In the bottom plate a hole was made and threaded to accommodate the electrical heating unit, the switch for which can be seen in the illustration. Another small hole in the bottom plate allows for a drainage pipe.

The dome-like vessel above the can completed the construction of this unique inhaler. This vessel holds the solution and comes in contact with the heating container by means of an $8\frac{1}{4}$ -in. hole cut in the top of the vegetable can. The copper float from the water storage tank was cut in half and then bronze-welded to the tin pie plate. A $1\frac{1}{4}$ -in. flexible tubing was attached to the hole in the top of the copper float by means of a $1\frac{1}{4}$ -in. copper ell, both joints being bronze-welded. The completed vessel was then chromium-plated, while the exterior of the rest of the inhaler was painted. This inhaler, in addition to being less expensive, is rigid, durable, noiseless, leakproof, and holds nearly twice as much liquid as former types.

Custom-Made Splints

As a time saver in obtaining splints for use in fracture cases, the welding blowpipe has proved very helpful. Since each patient has a different type of fracture and since patients themselves are of different weights and

sizes, many hospitals find difficulty in stocking splints in sufficient variety and sizes. With welding, however, it is possible to fabricate quickly any shape to suit the doctor's specifications and the patient's size. Fig. 5 shows two such splints fabricated in this manner from round tubing. Round stock is generally preferred for splints because it is lighter than flat material of equal stiffness and is easier to shape.

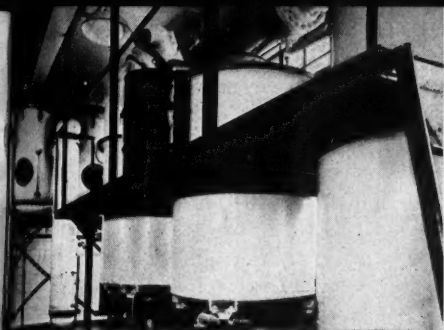
Construction Work Simplified

The flexibility which welding and cutting impart to metal construction frequently makes it possible and feasible to substitute metal for some other construction material. An example of this is an ice chute which was built entirely of metal with the aid of a welding outfit. The purpose of the chute was to convey ice blocks by gravity from the ice house to the ice dump, a distance of 20 ft.

The frame of the chute was made from 3-in. angle iron, heated by the blowpipe and bent in a semi-circle to conform with the space available in the building. Sheets of galvanized iron were then welded in place between the angle iron, and the entire structure supported by several legs made from $1\frac{1}{2}$ -in. pipe.

A similar example, which featured strength and safety, was the construction of several all-welded platform ladders which one hospital engineer designed for use in the boiler room. The ladders were 12 ft. high and 18

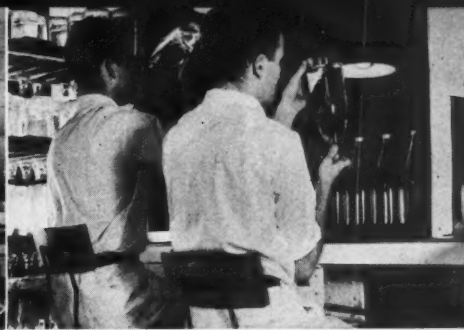
(Continued on page 28)



1. The equipment for the preparation of litre solutions. These tanks are carefully sterilized with live steam as soon as each lot is completed.



2. Air in the litre solution filling room is kept constantly pure by filtration through the oil film.



3. Containers are all inspected individually to discover the presence of any foreign matter.

ABBOTT INTRAVENOUS SOLUTIONS

In litre containers

AFTER extensive investigation and research, the Abbott Laboratories offer the medical profession solutions of the highest standard of quality. This achievement of the Abbott Research Staff now enables hospitals to free themselves of the heavy burden and responsibilities connected with the preparation of bulky intravenous solutions.

Abbott Intravenous Solutions are guaranteed to be **STERILE, STABLE and SAFE**. They are prepared from chemicals of the highest quality and from chemically pure water. Moreover, they are altogether free from all impurities, including pyrogens.

Representative samples from each manufactured lot of Abbott Intravenous Solutions are tested for sterility by the same critical test which the Government prescribes for biological products. Abbott Solutions are very low in latent acidity and contain no buffers. Preservatives are not used.

Litre Containers

Intravenous solutions are furnished in the Abbott Container, a bottle specially designed to resist high steam pressure sterilization. Its outer protective seal gives positive assurance of sterility. The inner cap is easily removed by the fingers, without danger of contaminating the lip of the bottles. When the cap is removed, there is no inrush of air to carry spores of air-borne bacteria or molds. Moreover, there is no rubber contact with the solution—no "rubber" odor or taste.

New Technique and Equipment

The new and original technique introduced by the Abbott Laboratories has been devised by our Research Staff after several years of experimentation in the largest clinics of this continent. Every detail has been studied in an endeavour to eliminate any loss of time on the part of those who use the Abbott equipment.

Our representative will be very pleased to give a demonstration of the New Abbott Intravenous Solutions and Abbott Equipment.



4. The absence of pyrogenic effect in every lot of Abbott intravenous solutions is demonstrated routinely by intravenous injection of samples of the solutions into rabbits, the rectal temperature of the animal being taken every hour before and after the injections.



5. Following final sterilization, intravenous solutions are again inspected under strong light for foreign particles.

ABBOTT LABORATORIES LIMITED

20 BATES ROAD

OUTREMONT, P.Q.



Fig. 4—A can, a pie plate, and an old water tank float were used in constructing this benzoin inhaler

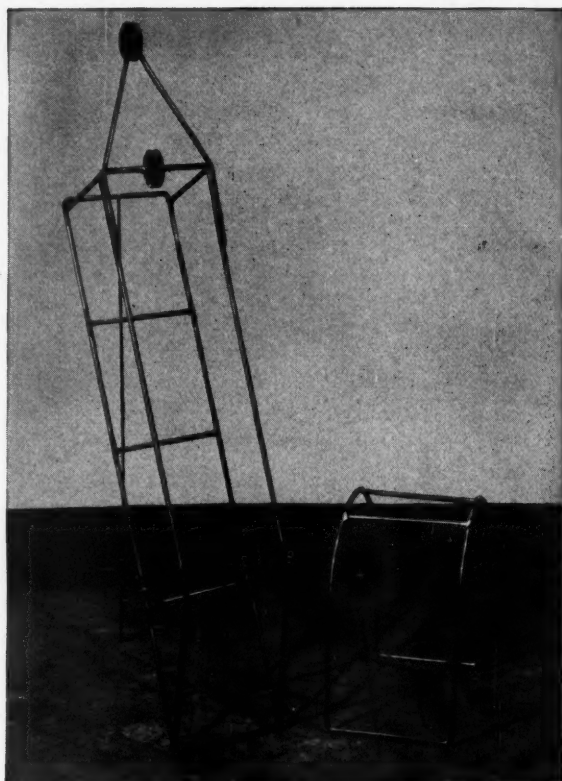


Fig. 5—Splints with tubing framework are light and rigid and can be quickly fabricated to the correct shape and size by welding

(Continued from page 26)

in. wide and were made from 2-in. angle iron. A 1-in. scrap galvanized pipe was used as a railing, and the ladders were set in concrete for permanent rigidity.

Maintenance Savings

Five cast iron grate bars in the stoker of a hospital heating plant became broken, and it was necessary to allow the fire to go out. Since it would have required ten days to obtain new bars from the manufacturer, the hospital was faced with the expensive prospect of installing temporary heating equipment in the individual rooms. By means of an oxy-acetylene welding blowpipe, the bars were repaired in a few hours,

and a year later they were still giving satisfactory service. In addition to the gain in time and comfort, there was also substantial economy involved. The cost of welding all five bars was only a few dollars while new ones would have cost \$16.25 each.

In another hospital, the important service of laundering sheets, pillow cases, and towels was interrupted when the yoke for the ironer broke. This was quickly repaired by welding at a cost far below the price of a new one. Also, the necessity for tying up the presser for a week, until the new part could arrive, was eliminated. Another time, a sprocket in one of the laundry machines at the

same hospital developed three broken teeth. Again the broken part was put back into service in an hour's time, thereby avoiding several days of idleness for the machine.

Still another example of the value of welding was demonstrated when some broken contacts in a circuit breaker removed from service a passenger elevator in a hospital. The management was appalled to discover that the nearest place where new parts could be obtained for that particular elevator was over 1,000 miles away. The hospital engineer was called in, and the contacts were repaired in 40 min. by bronze-welding. — *From Dom. Oxy-Acetylene Tips.*

Memorial Tablet for Noted Administrator

The memory of the late Dr. David A. Stewart, first superintendent of the Ninette Sanatorium of Ninette, Man., will be perpetuated in a

bronze tablet unveiled on the grounds of the Sanatorium on July 31st. The tablet, which bears a likeness of Dr. Stewart in bas-relief and the apt statement "He loved his fellowmen", has been set into a seven-foot granite boulder overlooking the

grounds and countryside which he loved so well. The tablet was unveiled by the Lieut.-Governor, the Hon. W. J. Tupper. Mr. John McEachern, chairman of the Sanatorium Board, was in charge of arrangements.

Is the pH System Useful in the Laundry?

WHEN acids, alkalis or salts are dissolved in water their molecules break up into atoms or groups of atoms called ions which are electrically charged. Hydrogen from an acid and metallic ions carry a positive charge; hydroxyl (OH) ions given off by an alkali are negative. When hydrogen and hydroxyl ions are equal in number the solution is neutral.

The symbol pH (p=potential; H=hydrogen (acid) ions) followed by a numeral is used to designate the relative number of positive and negative ions in a solution. PH₇ represents neutrality, numbers from 6.9 downward represent the predominance of acid ions, from 7.1 up the predominance of alkaline ions. The scale is so constructed that each 1.0 in the reading represents 10 times the degree of ionization as is represented by the initial number of ions. Thus pH 8.1 represents a solution having twice the number in a pH 8.0 solution, pH 9 ten times as many as a pH 8 solution.

There are two methods of deter-

mining the pH concentration of a solution—the color chart method and the titration method.

In the color chart method a chemical indicator added to the solution produces a color change varying according to the pH value of the solution. This color of the solution is compared directly to a standardized color chart which gives the pH value indicated by each shade.

In the titration method the usual indicator used is methylorange or phenolphthalein. Methylorange shows orange in acid solution, colorless in neutral and yellow in alkaline. Phenolphthalein shows red in alkaline solutions and colorless in neutral or acid solution.

The degree of alkalinity of the solution is shown by the number of drops of a standardized acid solution which are required to bring the solution under test to the neutral point.

Titration may also be used to determine the character of the alkali present whether caustic soda, soda ash or a combination of both.

Different alkalis have different ionization action and the pH value alone does not therefore indicate the actual amount or character of alkali present nor its washing effectiveness. The titration method does however give this information as well as the pH value. Hence the value of the pH determination alone is gradually losing its popularity with laundry operators in favor of the more informative titration method.—*William F. Torrey, Institutional Laundry, Hospital Abstract Service.*

Major K. G. Gray Heads Military Hospital

Major Kenneth Gray has been named head of the Toronto Military Hospital (formerly Grace Hospital) on College Street. He succeeds Lt. Col. Hagerman recently appointed D.M.O., M.D.2. Major Gray, who has had both a medical and a legal training, is solicitor to the Ontario Department of Health and has taken an active part in the studies and at the conferences of the Canadian Hospital Council.

NURSES--TRY THIS PLAN



WHEN your patients gag at plain milk, mix "JUNKET" RENNET POWDER in lukewarm milk and let it set for ten minutes. You will then have a light delicious rennet-custard such as the most delicate patient can take without difficulty.

The nourishment of the milk is enhanced by the rennet enzyme, which helps digestion.

Six flavours, vanilla, chocolate, lemon, orange, raspberry and maple, give piquant variety.

"JUNKET" RENNET POWDER
"JUNKET" RENNET TABLETS

(Note: the Tablets are not flavoured. Add sugar or flavouring to suit patient's taste.)

Order from

"THE 'JUNKET' FOLKS"

Chr. Hansen's Laboratory
833 King St. West Toronto, Ont.

HAVE YOU EVER ...

INVESTIGATED WHAT AN
IRON FIREMAN AUTO-
MATIC COAL BURNER
WILL DO FOR YOUR
HOSPITAL?



WE WILL GLADLY MAKE A
FREE FUEL SURVEY OF YOUR
HEATING PLANT AND GIVE
YOU THE FACTS IN WRITING.
—YOU ARE UNDER NO
OBLIGATION.

WRITE US TO-DAY!

IRON FIREMAN MANUFACTURING CO.
OF CANADA LIMITED
TORONTO



THE Board of Directors of the Ontario Hospital Association met a few days ago and reaffirmed its previous decision to carry on with the Convention this Fall as usual. The Convention dates are October 9th, 10th, and 11th, and the place of Convention is as usual, the Royal York Hotel, Toronto.

A very fine program has been for some time in course of preparation. We believe this is the time when all hospital workers in Ontario should get away from their tasks at least once a year and meet with their confreres in Convention and take part in the discussions and generally improve their outlook upon their own activities.

Practically all the exhibit spaces have already been taken so that we are sure of the usual very fine display of hospital commodities and all of the new appliances and gadgets that are being constantly made to render hospitals more efficient.

Will you please mark the above dates on your calendar and hold them open for this Convention?

—F. W. Routley, M.D.

WOMEN'S HOSPITAL AIDS ASSOCIATION

Province of Ontario, Canada
Association formed 1910
Individual Aid formed 1865

Plans are progressing favourably for the Convention to be held at the Royal York Hotel, October 9th, 10th, and 11th. We would ask that all affiliated groups plan early to have a good representation from each Aid. One of the highlights of the Convention will be a banquet on the evening of October 9th, when it is expected that Doctor Malcolm MacEachren, Doctor F. W. Routley and Mr. Alden B. Mills, Editor, Modern Hospital, will be guests. Mrs. Matthews, wife of the Lieutenant-Governor of Ontario, has graciously consented to be present also.

This banquet is being given to pay tribute to two outstanding persons who have given much to the field of hospitalization. Tickets will be available when the Aids re-assemble

the first of September and to those wishing to procure tickets we advise that they make application early to Mrs. G. W. Houston, Treasurer, Provincial Association.

Much satisfaction is felt for the fine response thus far in the effort for the war donation fund. One thousand dollars, which is the first consignment, is being sent immediately to the Minister of Militia. Active effort will be resumed when the members re-assemble the first of September. This does not mean that many are not active throughout the summer season in this effort. An intensive program will be started to reach the objective in early Autumn.

High praise is due the committee in charge of the Golden Jubilee of the Chatham General Hospital Celebration. From first to last it was an event to be remembered. Hundreds of old and new friends journeyed to Chatham during that week to pay tribute to the fifty years of hospitalization and progress in serving the sick and injured of that district. The History which was painstakingly compiled gave evidence of stout hearts, faithful and unselfish in the length of the years of their service to this cause. Chatham has the distinction of having the second oldest hospital aid in the Association. It was formed over fifty years ago, and at the close of the celebration, the portrayal of the hospital family album brought back to many pioneer families of Chatham, tender thoughts of their loved ones who had played so great a part in the days of the horse and buggy doctor.

To Miss Priscilla Campbell, the Superintendent, Mr. W. Gray, chairman, Hospital Board, the five groups of hospital auxiliary members, the nurses alumnae, hospital staff and citizens, credit is due for bringing before the people of the surrounding country, so splendid a picture of what the hospital has meant to Chatham and the citizens.

Tribute Given

Mr. Gordon Friesen, formerly of Saskatoon and now administrator of the Belleville General Hospital, received high praise at the nurses' graduation this year for his excellent leadership in the reorganization and enlargement of the hospital. Dr. M. T. MacEachern, who delivered the graduation address and announced his recommendation for approval of the hospital, stated that this accomplishment would not have been possible without the enthusiasm, unswerving purpose and tireless energy of Mr. Friesen, to whom was owed a real debt of gratitude. The chairman of the board, Mr. Mackenzie Robertson, paid equal tribute to the administrator whose heart and enthusiasm were in the ideal which he had set up of making this hospital one of the finest in the province and who had not spared his health in realizing his aim.

New Military Hospital at London

Negotiations are proceeding for the taking over of Trafalgar Public School in London, Ont., as a military hospital. This building would be used to supplement the hospital work at the Rectory Public School.

Miss R. N. Beamish Resigns at Owen Sound

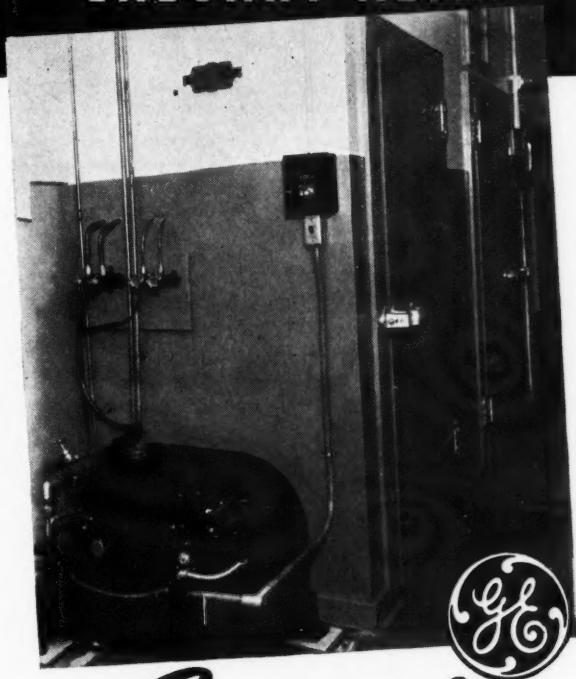
Miss R. N. Beamish, R.N., superintendent of the General and Marine Hospital at Owen Sound for the past three years has resigned in order to assume an executive position with her former principal, Miss Beatrice Ellis, at the Toronto Western Hospital.

Nurses to Register at Hospital

Mr. C. S. Bravin, chairman of Welland County Hospital (Ont.) Board of Governors, announces that the Welland Hospital has been accepted as an enrolment centre for the province-wide enrolment of graduate nurses for local emergency service.

GENERAL HOSPITAL

CALGARY ALTA.



Saves

WITH

GENERAL ELECTRIC

REFRIGERATION

The management of the Calgary General Hospital have made big savings with these two walk-in coolers operated by a G-E condensing unit. Efficient electric cooling saves on food spoilage . . . does every cooling job better and cheaper because it uses remarkably little power . . . and the maintenance costs are exceedingly low because G-E quality and workmanship assures trouble-free service. Our refrigeration specialists will gladly show you how you too will benefit by G-E refrigeration. Call your C-G-E office.

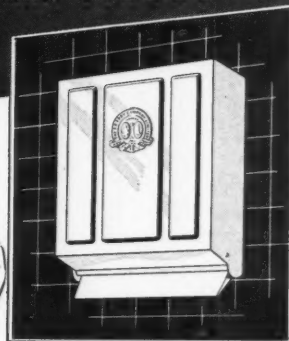
GW-314

CANADIAN GENERAL ELECTRIC Co., Limited

Sydney Halifax Saint John Quebec Sherbrooke Montreal Ottawa
 Noranda Toronto New Liskeard Hamilton Sudbury London
 Windsor Fort William Winnipeg Regina Saskatoon Lethbridge
 Edmonton Calgary Trail Kelowna Vancouver Victoria

*For washroom neatness
 .. sanitation .. economy
 well-appointed hospitals
 install*

Onliwon
 TOWELS and TISSUE



ONLIWON TOWELS provide the most satisfactory and economical individual towel service. The special "inter-fold" minimizes waste by preventing withdrawal of more than one towel at a time—and one Onliwon Towel is ample for the average user, thanks to its larger drying area and great absorbency!

The Onliwon Towel cabinet is neat and compact and fits flat against the wall. You can place it where it will be most conveniently accessible to the user and yet be out of the way.

ONLIWON TOILET TISSUE is pure, soft, sterilized and does not easily tear. The cabinet serves only two sheets at a time, thus discouraging waste and untidiness. It can be refilled when partially empty without waste of a single sheet.

The familiar Onliwon Towel and Tissue cabinets on your washroom walls are a sign of good management. Ask your supply house or any E. B. Eddy Company branch for full information.



THE E.B. EDDY COMPANY LIMITED
 Tissue division - Hull, Canada

Here and There in the Hospital Field

By THE EDITOR

Night Clinics Advocated

THE greater establishment of night clinics was advocated by Dr. H. S. Mitchell of Montreal at the convention of the Canadian Tuberculosis Association. As most clinics are held in the morning, many working people cannot attend and, as a result, treatment is delayed until the condition becomes serious. It was intimated that the medical profession had arranged the clinics to suit its own convenience rather than that of the patients. However, although this comment received considerable publicity, it was not pointed out in the press that, in the vast majority of instances, the doctors donate their time entirely free of charge and require their evenings for consultation by their own paying patients who cannot consult them during the day. When the medical profession is paid for its clinical work, in all probability, evening clinics will be arranged with greater ease. Monday night clinics at the Royal Edward Institute, Montreal, have proven very valuable and have resulted in the detection of many cases of active tuberculosis which otherwise might have been undetected for many months. Many young people come to this clinic for premarital examinations for tuberculosis.

Nurses' War Fund to Purchase Surgical Units

The Nurses' War Fund Committee in Canada is contributing \$10,000 for the purchase of emergency surgical units, which, the Canadian Red Cross reports, are urgently needed at the present time. Each unit will cost approximately \$1,000 and is of such a nature that it can be used in outpost hospitals after the war. Collections are being made through the provincial divisions of the Nurses' War Fund.

Canadian Hospital in China Bombed

The Canadian Mission Hospital at Chungking, provisional capital of China, was wrecked by bombs on June 26th when more than 100 Japanese airplanes in four groups attacked the city and suburbs. The bombing of mission hospitals by the

Japanese is becoming a definite feature of their raids and a number of mission hospitals, many of them equipped and staffed by Canadians, have suffered as a result.

"Disaster Car" Equipped for Any Emergency

The world's first "disaster car" was designed and built in Portland, Oregon, and is now being used by the Fire Department of that city. It has a six man crew and carries 1,000 separate items of emergency equipment (3 tons) and can effect almost any type of rescue and give complete emergency treatment on the scene. With this equipment they are prepared to hoist fallen girders, or other objects from victims' bodies, cut through heavy metal or wood, sever high voltage lines and resuscitate drowning persons or shock victims. The idea started when a merchant wanted to donate a coffee truck to the firemen.

Tuberculosis Incidence Among Nurses

Approximately seventy per cent of the nurses entering training at the Royal Victoria Hospital, Montreal, have been found to be negative to the tuberculin test. By the time of graduation only twenty per cent have remained negative, according to an analysis made by Dr. H. P. Wright of Montreal at the convention of the Canadian Tuberculosis Association. The important discovery made in these tests has been that all of the nurses who contracted tuberculosis had had negative tuberculin reactions on entering training. None of the nurses with positive reactions when they entered the hospital were affected by clinical tuberculosis during their course of training. The average loss of time for those who were forced to interrupt their training on account of developing clinical tuberculosis was between fourteen and fifteen months.

All new student nurses with negative tuberculin reactions should be rendered positive by the administration of B.C.G. This does not provide permanent immunity, but it does afford temporary protection for

those who are likely to be in contact with active tuberculosis.

Engineering Requirements Announced

Part 3 of the National Building Code has now been consolidated by the Codes and Specifications Section of the National Research Council. This section of the National Building Code is a most valuable compilation of engineering and construction data for the guidance of architects, contractors and directors of construction and building committees. For the first time a really serious and scientific effort has been made to elaborate building standards which can be considered as a reliable guide either for construction or for the remodeling of existing building by-laws.

Part 3 covers wood, masonry, concrete and iron construction, gives standards for excavations and foundations, and walls, floor and roof construction. The appendices include methods of making tests and calculations of various sorts on different building materials.

Why Not?

The Canadian nurses now in England have apparently caused quite a flurry in the ranks of the British nursing services. When several British matrons came to inspect the Canadian nurses they found them most attractive in their trim uniforms. There was, however, a lifted eyebrow here and there at the idea of silk stockings on nurses! The British nurses are said to have their hearts set on a uniform like that of the Canadian girls and one enraptured reporter exclaimed ecstatically that the Canadian nurses were all pretty enough to appear in a chorus.

Question of the Hour

Now that it has been settled that Dr. George Stephens is to move to Montreal, what will become of his famous collection of cactus plants and other prickly freaks? There is that well known pet alligator, too, which can hardly be turned loose.

Dr. George F. Stephens to Succeed W. R. Chenoweth at R.V.H.

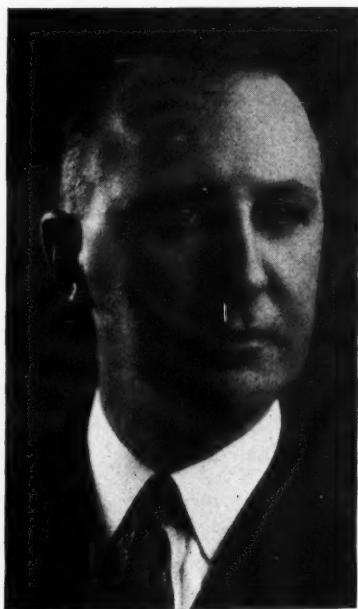
Dr. George F. Stephens, superintendent of the Winnipeg General Hospital, has been named superintendent of the Royal Victoria Hospital, Montreal, to succeed Mr. W. R. Chenoweth who has resigned on account of ill health.

Dr. Stephens graduated from McGill University in 1907. He did post-graduate work in England and on

the continent before returning to Canada. From 1915-1919 he served with C.E.F. and the C.A.M.C. in Great Britain and France. Following the war he was appointed superintendent of the Winnipeg General Hospital which position he has held until the present. He is now president of the Canadian Hospital Council and was the first Canadian to be elected president of the American Hospital Association. He is also a past-president of the Manitoba Hospital Association and has been actively identified with a large number of public activities in Winnipeg.

Last January Dr. Stephens was appointed to the Board of Governors of McGill University to succeed the late Sir Charles Gordon. Previously he had been a member of the Board of Governors of the university as a representative of the Graduates Society of McGill.

Mr. W. R. Chenoweth was appointed superintendent of the hospital in 1927. During his superintendence the hospital has made tremendous progress and development. Mr. Chenoweth has always taken a very active interest in hospital and public affairs beyond his institution and is a past president of both Canadian Hospital Council and the Montreal Hospital Council.



W. R. Chenoweth



Dr. George F. Stephens

St. Paul's Hospital, Vancouver, Completed

The dedication and opening of the new \$500,000 wing of St. Paul's Hospital, Vancouver, took place recently. The opening of this wing marks the completion of the hospital and many prominent citizens of the province gathered to pay tribute to the Sisters of Charity who, after forty-six years of work and sacrifice, have achieved their goal. Archbishop W. M. Duke dedicated the hospital and Hon. A. Wells Gray opened the hospital after receiving the key from the architect, Frank C. Gardiner.

IT'S WATERPROOF
NON INFLAMMABLE

HARD LASTING FINISH



Wood's CROMAX Liquid FLOOR WAX

FINE FOR LARGE FLOOR AREAS



Wood's CROMAX

BRANCHES ACROSS CANADA

A Product of **G.H. WOOD AND COMPANY LIMITED** TORONTO, MONTREAL

Canadian Dietitians Hold Excellent Meeting

FLORENCE STACEY, B.Sc., M.A.,
Edmonton

A PURPOSEFUL enthusiasm was the keynote of the Fifth Annual Convention of the Canadian Dietetic Association which met at Macdonald College, Ste. Anne de Bellevue, near Montreal on June 13, 14 and 15. This enthusiasm reached its climax in final meetings where the unanimous feeling of the group was the realization of the importance of unity of effort in the dietitians' contribution to Canada's needs—in peace and war. Effective steps for the materialization of such a plan of unified action were taken by the association in empowering the executive to consider the appointment of a secretary whose work it will be to co-ordinate the war effort of the Canadian Dietetic Association.

Under the capable leadership of the President, Alice M. Stickwood, Macdonald College, an outstanding program was presented. Much of the success of the well organized, schedule of events was due to the work of pre-convention committees directed by Kathleen Jeffs (program), Mildred Thomson (publicity), and Katharine Newsome (entertainment).

At the opening luncheon, exhibitors were presented by Marjorie Clendenning, Margaret S. MacCready, Director of Household Science, Macdonald College, presided, and, with Dr. W. H. Brittain, Vice-principal of Macdonald College, extended to the group the delightful and friendly hospitality of the College in all the beauty of its old-world setting. Madame Pierre Casgrain, the guest speaker, entertained and delighted her audience, when she spoke on the subject "Digestible Thoughts".

The afternoon session was given over to two group meetings. Muriel Floyd presided at the hospital session at which the speakers were Dr. Kenneth Evelyn, Royal Victoria Hospital, who discussed "Recent Advances in Knowledge of Human Requirements of Vitamin A, B, C"; and Dr. S. R. Townsend, Montreal General Hospital, who lectured on "Vitamin K and Its Use in Prothrombin Deficiency States".

Ruth D. Reid, (Ogilvies, Montreal), was chairman of the Commercial group at which the following four intensely interesting papers were read; "Equipment" by Mary Caudwell; "Food" by Muriel Cameron; "Menu Construction" by Mona



Miss Alice Stickwood, Macdonald College, Ste. Anne de Bellevue, President, Canadian Dietetic Association.

Patrick; and "Personnel Work in Employees' Cafeterias" by Jessie Naismith. These were followed with open discussions by the members in which much valuable interchange of thought took place.

At the close of the afternoon meetings, the members were pleasantly entertained at tea in the College gardens by the members of the Montreal Dietetic Association.

Frances McNally, Acadia University, presided at the dinner meeting when Bertha E. Nettleton of General Foods was the guest speaker. Lorena Richardson of Simpsons, Ltd., introduced Miss Nettleton whose topic was "Why Food Standards". Valuable discussion followed and from the wealth of her experience Miss Nettleton contributed much helpful

suggestion and advice on a subject that is of such basic importance to the dietitian.

On Friday morning, again, meetings of particular interest to special groups were held. Marion Harlow conducted the Social Service group session in which Marjorie Bell talked concerning "The Plight of the Low Income"; Laura Pepper chose the subject "With Interest for Consumer"; Frances McNally reported a most interesting project which has been carried out by Household Economics students at Acadia University on "Nutrition Studies"; Florence Stacey described the work of the Nutrition Clinic at the University of Alberta Hospital; Nan Garvock gave a paper on "Special Diets of Low Cost"; and a report was read on the Vancouver Nutrition Program.

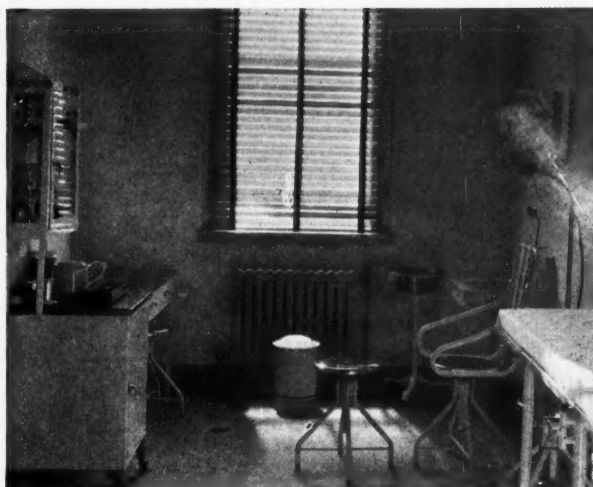
At the general session, Grace Sharpe introduced Rosamond Carter Stevenson, who told the meeting of the work which has been done by a small but untiring group of Nutritionists as their part in the preparation of the booklet which has recently been published for national distribution—"Food for Health in Peace and War".*

At an outstanding luncheon meeting, Violet M. Ryley presided and introduced to the convention, Katherine Fisher, formerly director of the School of Household Science, Macdonald College and now Director of Good Housekeeping Institute, New York. It was with sincere pride and pleasure that the members of the association honoured Miss Fisher. At the close of Miss Fisher's illuminating address on "Dietitians by Remote Control", Miss B. M. Philp, recently retired from the position of Director of Household Science—delighted the group with a few "remarks" given in her own inimitable and beloved way.

Directed by Jessie B. Brodie, University of Toronto, the afternoon meeting was privileged to hear two

(Continued on page 36)

* This booklet may be obtained without charge in any quantity desired. Requests may be sent to the Editor of The Canadian Hospital.



*For every window in
the Hospital*

HEES VENETIAN BLINDS

Controlled daylight in the hospital is of inestimable value—just a finger turn of a cord and light is actually adjusted, from full floods of sunshine to complete shade.

The beauty of immaculate finish and simplicity of design brings a cheerful atmosphere into the room—more than twenty lovely colours in slats and ladder tapes are available.

Write for colour samples and illustrated folder.

The new Hees Venetian Blind cleaner removes finger marks or dust instantly, leaving a brilliant polish.

Sold by leading house furnishings stores
and interior decorators

Manufactured and guaranteed by

GEO. H. HEES SON & COMPANY

Limited

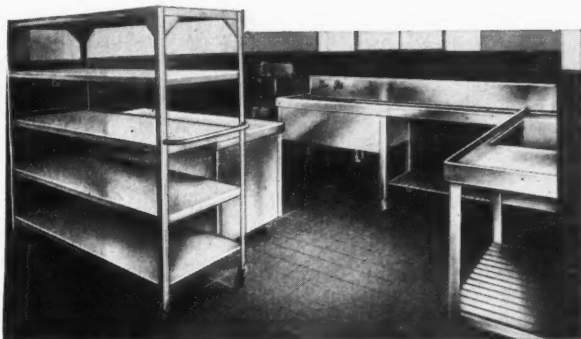
TORONTO

MONTREAL

Makers of the famous Monarch Linen Tint Window Shades

AUGUST, 1940

You want
EFFICIENCY AND ECONOMY
... be sure you get it!



Kitchen installation at Essex County Sanitarium showing stainless steel food preparation sinks.

THE only factors which justify the cost of modernizing the kitchens of an institution are economy and efficiency of service. So be sure that your selection of kitchen equipment is based upon these same factors. Remember Metal Craft installations are designed with modern economical efficiency as an essential—with no unwarranted sacrifices being made to mere price! Yet you pay no more for Metal Craft standards of practical utility because it is the direct result of over 25 years of experience. Write for details of our planning service—for Metal Craft can work to your specifications as required.



(Continued from page 34)

eminent speakers from the field of Medicine—Dr. J. B. Ross, Assistant Professor of Medicine, McGill University, who spoke on "Dietary Treatment in Peptic Ulcer"; and Dr. W. deM. Scriver, Lecturer in Therapeutics and in Medicine, McGill University, whose paper was titled "Progress in Dietetics".

Guests of St. Anne's Military Hospital, the delegates were entertained at tea at the close of the afternoon.

The climax of convention activities came with the Annual Dinner at which Alice Stickwood presided. Miss Stickwood first introduced Beulah Becker Marble, who as President of the American Dietetic Association brought greetings. The guest dinner speaker, Dr. Cecil P. Martin, M.A., M.B., Sc.B., Faculty of Medicine, McGill University, was then presented. Dr. Martin chose as his subject "The Evolution of Man" and with a witty subtlety left a thought-provoking message.

After a lecture on "Parasitology" by Dr. T. W. H. Cameron, Ruth M. Park closed the convention with an inspirational talk by Beulah Becker Marble on "Professional Advancement" which followed the luncheon meeting in the Ritz-Carlton Hotel. The Canadian Dietetic Association was indeed proud to close its convention on such a note of professional optimism and enthusiasm from one who is herself the epitome of all that is 'looking-forward' in dietetics and who represents the good-will of our sister organization, The American Dietetic Association.

Nursing Survey Undertaken by Ontario

The Ontario government has decided to make a survey of nursing services in the province which will cover all graduate nurses, practical nurses and sisters of religious orders. It is believed that at least 20,000 persons, including between 7,000 and 8,000 graduate registered nurses, will be covered by the registration, which will furnish data on the number, location, qualification, experience, availability and preference for service of everyone able or willing to give nursing assistance in case of provincial emergency. The registration is not for overseas service. Public hospitals have already expressed willingness to co-operate.

Calculation of National Defence Tax

With the announcement of the 2 per cent National Defence Tax on wages, enquiries were received by the Canadian Hospital Council respecting the method of calculating the equivalent value of the board and room provided for nurses, maids and others. This must be included as part of the taxable income. The Commissioner of Income Tax, Ottawa, has informed the Council that the Government proposes to "*leave it to the employer to place the proper value on free board and lodging supplied*".

It is presumed that where one, two or three meals only are supplied, an appropriate figure would be set. From information already received, it would appear that hospitals are valuing room and board at from twenty to thirty dollars per month, according to local costs. Meals for those living out are being calculated upon the actual cost. It is suggested that nearby hospitals get together so that the basis of calculation used may be reasonably uniform in each area.

All employees who are married or who have dependents must fill in the form N.D.T.1 which can be obtained at any post office. The tax, however, must be paid for every single employee whose income exceeds \$600 per annum unless supporting a dependent, in which case the income must be over \$1,200, and for married people if the income exceeds \$1,200 per year.

Taplow Red Cross Hospital Turned Over To R.C.A.M.C.

The completely equipped and unsurpassed Canadian Red Cross hospital at Taplow, erected on the estate of Viscount and Viscountess Astor in Buckinghamshire, was officially turned over to the Royal Canadian Army Medical Corps on July 16th.

The ceremony was an interesting one. Rt. Hon. R. B. Bennett presented the magnificent hospital to Hon. Vincent Massey, Canadian High Commissioner, who accepted it on behalf of the Canadian government. It was then turned over to Colonel R. M. Luton, Senior Medical Officer of the C.A.S.F. in Great Britain. Colonel George Nasmith, Deputy Commissioner of the Canadian Red Cross in Great Britain, presided. Lieutenant-General A. G. L. McNaughton, Sir Edward Peacock, the Astors and many others attended.

Mr. Bennett paid tribute to the work done by members of the Canadian Red Cross advisory committee and thanked two anonymous donors—one who contributed the estimated cost of the originally planned building and the other who contributed the approximate cost of the equipment. In accepting the gift, Mr. Massey stated, "the achievements of the Canadian Red Cross have made a

contribution to our war effort which it is impossible to measure". Respecting the hospital, he said, "no unit of its kind anywhere will surpass it".

The hospital was originally planned for 300 beds, but was later enlarged to 600 plus. Colonel C. L. T. Arthur of Winnipeg is in command of the unit and the fifty Canadian nurses who will do the nursing there are commanded by Miss J. Machray of Winnipeg. The staff is the No. 5 General Hospital unit from Winnipeg, with Lieut.-Col. Roy Richardson in charge of surgery and Lieut.-Col. Charles Walton in charge of medicine.

Press statements that the building cost the Canadian Red Cross a million dollars have given a wrong impression. The original plan was to build a hospital costing approximately \$250,000, of which \$150,000 had been privately contributed. This was for a hospital of 150 beds. Later in conference with the military authorities it was decided to greatly enlarge the institution. The contract for the hospital amounted to about \$590,000, with the cost of equipment additional. The entire cost, including equipment, has been in the neighbourhood of \$700,000.

Maple Leaf Alcohols

Medicinal Spirits
Iodine Solution
Absolute Ethyl B.P.
Rubbing Alcohol
Denatured Alcohol
Anti-freeze Alcohol
Absolute Methyl

Adapted to Hospital Service.
Tested precisely from raw materials to finished products.
All formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

CANADIAN INDUSTRIAL
ALCOHOL
Co., Limited

Montreal Winnipeg Corbyville Toronto
Vancouver



STERLING GLOVES *Featuring*

The Reinforcing
Band at the Wrist



*Specialists in
Surgeons' Gloves
for 28 Years.*

STERLING
RUBBER CO.

— LIMITED —
GUELPH - ONTARIO

The STERLING trade-mark on Rubber Goods guarantees all that the name implies.

• YOU CAN SAVE ON
YOUR COOKING EXPENSES

The AGA gives
many Economies



Illustration shows Aga Equipment installed at Memorial Hospital, St. Thomas, Ont.

The AGA has the lowest **guaranteed fuel cost** of any stove on the market. It gives 24-hour service with no increase in operating cost. It reduces heat shrinkage by at least 10%. It has no moving parts to wear out, no elements to replace. It requires little attention and, because it works so efficiently, it eliminates wastage from poor cooking results. The AGA is safe, clean, modern, designed by a Nobel prize-winning scientist. Don't wait. Learn about the AGA today!

AGA COOKER

AGA HEAT (CANADA) LIMITED
34 BLOOR ST. WEST, TORONTO

638 Dorchester St. West
Montreal, Que.



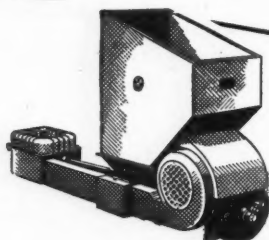
1276 Howe Street,
Vancouver, B.C.

**Users Testify to the
Economy and
Efficiency of
FAIRBANKS-MORSE
AUTOMATIC COAL HEATING**

"Our heating cost for the past winter is not much more than 40% of the amount spent in entire year before."

"While maintaining an even temperature in every room, our fuel cost is lower than we previously spent on oil heating."

"The stoker you supplied us has been in use for three seasons. It has saved us \$1,148.00 in fuel over the three years previous."



Many letters, containing extracts similar to the above, have been received by us from enthusiastic users of Fairbanks-Morse Automatic Coal Burners. In every case fuel costs have been reduced—sometimes more than 50%. Less attention is required. The burner is on the job 24 hours a day, every day. Room temperatures can be kept constant—they don't vary according to the vagaries of the furnaceman.

Wouldn't you like to lower your heating overhead? Let us explain how easily and economically a Fairbanks-Morse Automatic Coal Burner can be installed in your present boilers.

Send this coupon in TODAY, to the nearest office listed.

**The CANADIAN
Fairbanks-Morse
COMPANY Limited**

Halifax, Saint John, Quebec, Montreal, Ottawa,
Toronto, Hamilton, Windsor, Fort William,
Winnipeg, Regina, Calgary, Edmonton,
Vancouver, Victoria.

Show me how I can cut my heating bills.

Name _____

Address _____



Asa S. Bacon Celebrates Fortieth Anniversary as Hospital Superintendent

The Women's Board of the Chicago Presbyterian Hospital held a "birthday party" with all the trimmings for Asa Bacon, in honour of his fortieth year of service as superintendent to the hospital. Mrs. David W. Graham, honorary president, is shown with Mr. Bacon while he cut his "birthday cake". Mrs. Graham was a member of the Women's Board in 1900 when Mr. Bacon entered the hospital as superintendent. In making a presentation to Mr. Bacon, Mrs. Graham began, "Dear Mr. Bacon", and added, with a twinkle, "for any man who can work in harmony with more than 200 women is entitled to be so addressed." Mr. Bacon is treasurer and former president of the American Hospital Association.

American Medical Association Offers

The House of Delegates of the American Medical Association has appointed a Committee on Preparedness to make available to the government the services of its 117,000 members. Contact will be established with the government so that the full resources of the Association will be available for the care of the sick in both civil and military aspects. The offering of facilities will include a survey of the medical profession which will assist the government in the event of national emergency and which will also conserve the medical profession and protect civilian health. It is anticipated that it will be similar to that conducted last fall by the Canadian Medical Association.

Coming Conventions

Aug. 21-22—Maritime Conference, Catholic Hospital Association, Glace Bay, N.S.

Aug. 28 - Sept. 11—Eighth Annual Institute for Hospital Administrators, Chicago.

Sept. 1-5—New England Institute of Hospital Administration, Harvard Medical School, Boston, Mass.

Sept. 16-20—American Hospital Association, Boston, Mass.

Oct. 8-9—Ontario Conference of the Catholic Hospital Association, St. Michael's Hospital, Toronto.

Oct. 9-11—Ontario Hospital Association, Royal York Hotel, Toronto.

October—Manitoba Hospital Association.

October—Saskatchewan Hospital Association.

October—Alberta Hospital Association.

October—British Columbia Hospitals Association.

October 21-24—American College of Surgeons, Hospital Standardization Conference, Chicago.

Oct. 28—Nov. 9—Course in Hospital Administration for Nurses, School of Nursing, University of Toronto.

PRICES ARE LOWER

Right Now!



Tendra
TRADE MARK
THE AMAZING
MEAT TENDERIZER

Now because Tendra is being completely manufactured in Canada, we are able to offer this famous product at drastically reduced prices on all sizes.

128 oz. size NOW \$12.00, Formerly \$18.00
32 oz. size NOW 3.75, Formerly 5.00
16 oz. size NOW 2.00, Formerly 3.00

F.O.B. Toronto

SPECIAL OFFER—Send us \$1.00 for two 4 oz. bottles of Tendra postpaid. Use one. If not delighted with results return the other for full refund of your dollar.

TENDRA KITCHENS

64 WELLINGTON ST. W. - TORONTO, ONT.

**HOSPITALS
PREFER
FINNELL**

ELECTRIC
SCRUBBING - WAXING
POLISHING MACHINES

For:—

- Quiet, efficient service.
- Easy handling under beds, chairs, etc.
- Low operating cost.

*Write us for
details.*



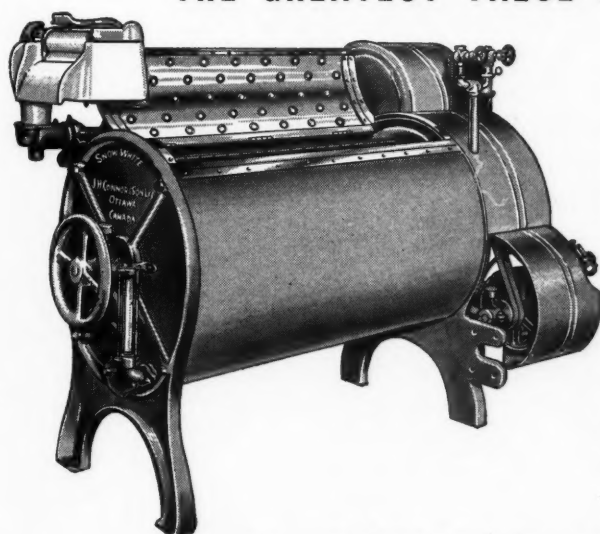
DUSTBANE PRODUCTS LTD.

OTTAWA

TORONTO MONTREAL WINNIPEG VANCOUVER

The No. 2 Snow White

THE GREATEST VALUE IN A LAUNDRY WASHER



Washes 36 pounds of dry clothes each load—equal to 24 average size sheets or 150 to 175 towels.

The inner cylinder is 40 inches long and 24 inches in diameter. It is made of nickel plated brass, highly polished and balanced for smooth operation.

A 1/2 h.p. motor operates both the washer and wringer and all the mechanism is enclosed for the protection of the operator.

The cylinder door is easily located by means of the locating wheel shown on the left.

Height: 47 inches. Floor Space: 38 inches x 64 inches.
Net Weight: 825 pounds. Shipping Weight: 1,000 pounds.
Shipping Measurement 92 cubic feet.

J. H. CONNOR & SON, LIMITED

OTTAWA — ONT.

Manufacturers of Washers, Extractors, Dryers, etc.

Relief Applicants to Have Medical Certificate

Outpatient departments and hospital medical staffs in Ontario centres are protesting vigorously recent welfare department regulations requiring relief applicants to obtain a medical certificate that they are unable to work. Coinciding as this order did with the season's worst heat wave, this additional call upon the free services of the profession is meeting with strong objection. The obvious reason is to eliminate from the relief rolls the large number who are said to be refusing to take the work now being offered. If this certification is to be continued, as seems likely, for outpatient and war patients, some compensation for these services from the relief budgets would seem indicated.

Medical Insurance Plan in New York City

The Associated Health Foundation, Inc., has been given the first licence for medical insurance in New York City. Individuals who are not chronically ill may be insured against medical and surgical expense for a premium of \$18 per annum.

Appointments and Resignations

Dr. J. C. MacDonald, assistant medical superintendent at the Victoria General Hospital, Halifax, has resigned to enter the Royal Canadian Army Medical Corps. Dr. Gwen-dolyn E. Matthews, an English graduate and a gold medallist, has been accepted for the position.

Miss Frances A. Harvey has been appointed superintendent of Nurses at the Galt Hospital, Lethbridge, Alta. She succeeds Mrs. Ernest Kipp and will begin her duties September 1st.

Canadian Hospital Business Offices Moved to 57 Bloor Street, West

After having occupied premises at 177 Jarvis Street, Toronto, for nearly ten years, the business offices of THE CANADIAN HOSPITAL were moved to the Bloor Building, 57 Bloor Street, West, on July 5th.

Coincident with the change in our business address, new arrangements for the printing of the Journal have been made. It is hoped that changes to be introduced in the format will meet with the approval of readers and advertisers.

Please make a note of the new address of the business offices. Telephone, KI. 3321. The editorial offices remain at 184 College Street.

Book Reviews

MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. Maude B. Muse, R.N., A.M., Associate Professor of Nursing Education at Teachers College, Columbia University. 3rd ed. revised. 622 pages. (ill.) Price \$3.50. W. B. Saunders and Company, London and Philadelphia. McAlinsh & Co., Limited, Toronto, 1940. This third edition brings this well known text completely up to date. This excellent work includes material on the new drugs and recognizes new methods of teaching which have resulted from the adoption of the new philosophy of nursing (U.S.). The social responsibility of the nurse in connection with the use and misuse of drugs is also emphasized.

OUTLINE OF MATERIA MEDICA AND SPECIAL THERAPEUTICS. Sister M. Domitilla, B.S., M.A., R.N., Superintendent, Saint Mary's Hospital, Rochester, Minnesota. 3rd ed. revised. 131 pages. Price \$1.75 (paper binding). W. B. Saunders Company, Philadelphia and

London. McAlinsh & Co. Limited, Toronto, 1940.

This third edition has been revised in the light of more advanced developments in the teaching of materia medica. The outline is written not to take the place of a text, but as a help in mastering the subject. The text includes sections on the preparation of solutions and doses, an outline of materia medica and an outline of the lectures given by specialists from the Mayo clinic to students in the author's school of nursing.

A REVIEW OF NURSING—WITH OUTLINES OF SUBJECTS, QUESTIONS AND ANSWERS. Helen F. Hansen, R.N., A.B., M.A., Executive Secretary, Board of Nurse Examiners, Department of Professional and Vocational Standards, California. 3rd ed. Revised. 759 pages. Price \$3.50. W. B. Saunders Company, Philadelphia and London. McAlinsh & Co. Limited, Toronto, 1940.

This text has been written for the nurse who is about to complete her course and feels the need of a systematic review which gives each subject in its relation to the whole. For this reason a series of outlines followed by objective questions on each subject has been included and answers are given at the back. New material and thorough revision are apparent in this third edition.

N.S. and P.E.I. Meeting

(Continued from page 12)

provincial organization was strongly urged by several delegates and a committee was named to consider its feasibility.

Regional Conferences

The reports of the work accomplished by the regional conferences has fully justified the calling of these regional meetings. Miss Anna Mair of Charlottetown will endeavour to form one on the Island. Chairman and secretary of these regional conferences were named as follows:

Cape Breton: Rhoda MacDonald.

Glace Bay, Rev. Sister Paul of the Cross, Glace Bay.

Colchester, Pictou and Antigonish:

W. M. Simpson, New Glasgow, and

Miss Susan McQueen of Pictou.

Halifax: Miss Marjorie Jenkins and Rev. Sister Mary Edward.

Valley: Miss Elizabeth Richardson, Kentville, and Miss Purvey of Berwick.

Officers

Pres.—Rev. Sister M. Ignatius, Glace Bay.

Vice-Pres's.—B. H. Wetmore, Yarmouth, Rev. M. J. McKinnon, Glace Bay.

Sec'y-Treas.—Anne Slattery, Port Morien.

Executive Members:—Rev. H. G. Wright, Halifax; Angus J. MacDonald, Glace Bay; Alex Gillis, Sydney Mines.

The CANADIAN HOSPITAL

Price Trends (On basis 1926 = 100)

	Yearly Average 1938	June 1939	May 1940	June 1940
Building and Construction				
Materials	89.1	88.1	95.3	95.2
Cost of Living		82.9	86.0	
Consumers' Goods (Wholesale)	77.2	73.7	82.0	82.3

The
HOSPITAL SUPPLY
Purchasing Company
of Canada

offers

SPECIAL PRICES

on

TOILET and LAUNDRY SOAPS
IZAL DISINFECTANT
DOMINION HOT WATER BOTTLES

Descriptive Price Lists have been mailed to
all Canadian Hospitals.

Order your Fall and Winter requirements in
these commodities NOW.

For Further Particulars write

703 HOPE CHAMBERS, 63 SPARKS ST.
OTTAWA, ONTARIO

Wait! - - -

Don't buy new equipment till
You see the New

STAN-STEEL CATALOGUE

It's in the printer's hands now. So get your
name high on the list so as to receive a
copy soon.

METAL FABRICATORS LIMITED

WOODSTOCK, ONTARIO

NOW TRY

Wilco



The long living, economical
Curved Finger Latex Surgeon's
Glove that gives you more for your
money—greater comfort and less
operating room fatigue. On your
next order ask for them by name—
WILCO LIQUID LATEX GLOVES.

SOLE AGENTS: J. F. HARTZ CO., Ltd. • TORONTO • MONTREAL

The WILSON RUBBER COMPANY

World's Largest Manufacturers of Rubber Gloves
CANTON, OHIO

HOSPITAL
EQUIPMENT
AND FURNISHINGS

**CONTRACT
SALES OFFICE**
• SIXTH FLOOR •



EATON'S - COLLEGE STREET

PHONE TR. 1257

SHORT, INTENSIVE COURSES

of two and three months and longer duration in X-RAY TECHNIC and MEDICAL LABORATORY ANALYSIS. School licensed by New York State. Next day class—Sept. 23rd. Evening class—October 1st. Placement service. The Harvey School for the Training of X-Ray and Analytical Technicians, Elsie Fox, M.D., Dir., 384 E. 149 Street, New York City.

WANTED — BUSINESS MANAGER

For small hospital. Apply stating qualifications and salary required to Secretary of Board, Oshawa General Hospital, Oshawa, Ont.

Tullis Laundry Machinery

Machines assembled in Canada. Complete machines and parts stocked in Montreal. Service at all times by our engineer in Canada, direct from factory. Full stock of laundry supplies, soap, soda, starch, knitted padding, duck, sheeting, blue, etc.

D. & J. TULLIS (CANADA) LTD.

920 GUY STREET Tel. No. Wilbank 0237 MONTREAL, QUE.

Wanted USED X-RAY FILM HIGHEST PRICES PAID FILM SALVAGE CO.

Established 1932.
438 MARKHAM STREET — TORONTO, ONT.

"FLOWERDALE" TEA



Broken Orange Pekoe
INDIVIDUAL TEA BAGS OR BULK
FOR HOSPITALS

Cartons of 500 or 1000 Bags

R. B. HAYHOE & CO., LTD.

7 FRONT ST. E. TORONTO, CANADA

Send us sample
order. We ship same
day as order received

ICED VI-TONE

TEMPTS APPETITE



A good source of the appetite-creating Vitamins B and B2. Its delicious chocolate flavor never fails to tempt. A boon to dietitians who must deal with the listless appetite and delicate digestion.

RICH IN AVAILABLE IRON

Index of Advertisers

AUGUST, 1940

Abbott Laboratories, Limited	27
Aga Heat (Canada) Limited	37
American Can Company	IV Cover
American Sterilizer Company	III Cover
Baxter Laboratories of Canada, Limited	7
Bland & Co., Limited	6
Canadian Fairbanks-Morse Co. Ltd.	38
Canadian General Electric Co., Limited	31
Canadian Industrial Alcohol Co., Limited	37
Citrus Concentrates, Inc.	8
Connor, J. H. & Son, Limited	39
Davol Rubber Company	25
Direct Merchandising Companies	39
Dustbane Products, Limited	39
Eaton, T. Co., Limited	41
Eddy, The E. B. Co., Limited	31
Esse Cooker Co. (Canada) Limited	II Cover
Film Salvage Company	42
General Electric X-Ray Corporation	3
Hartz, J. F. Co., Limited	41
Hayhoe, R. B. & Co., Limited	42
Hees, Geo. H. Son & Co., Limited	35
Hospital Supply Purchasing Co., of Canada	41
Ingram & Bell, Limited	7
Iron Fireman Manufacturing Co., Limited	29
Junket Folks Company	29
Kellogg Co., of Canada, Limited	4
Metal Craft Co., Limited	35
Metal Fabricators, Limited	41
Northern Electric Co., Limited	8
Patterson Screen Company	5
Sterling Rubber Co., Limited	37
Tendra Kitchens	39
Tullis, D. & J., (Canada) Ltd.	42
Victor X-Ray Corp., of Canada, Limited	3
Vi-Tone Company	42
Wilson Rubber Company	41
Wood, G. H. & Co., Limited	33

Province Guarantees Bonds

The province of Quebec has unconditionally guaranteed as to principal and interest a \$2,500,000 bond issue of the Sisters of Charity of Quebec. This is to be used for the reconstruction of the St. Michael the Archangel Hospital near Quebec City, destroyed by fire some months ago.

Exhibitors Make Half Million Dollar Gift

Immediately at the close of the big American Medical Association convention in New York City in June, the 400 odd supply firms making up the technical exhibit gathered up all the equipment and supplies on exhibit and donated everything for the battle against Nazism. Altogether some ten tons of equipment, drugs, etc., valued at over \$500,000 were contributed.

The CANADIAN HOSPITAL